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Medical and Chirurgical Faculty of the State of Maryland

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Maryland STATE MEDICAL JOURNAL

Medical and Chirurgical Faculty of the State of Maryland

VOLUME 3

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NUMBER 8

TRANSACTIONS

One Hundred Fifty-Sixth Annual Meeting

MEDICAL AND CHIRURGICAL FACULTY
of the State of Maryland

1211 Cathedral Street, Baltimore, Maryland

April 26, 27, 28, 1954

SCIENTIFIC SESSIONS

Tuesday and Wednesday, April 27, and 28, 1954

BUSINESS SESSIONS

April 26, 27, 28, 1954

ALSO

SEMIANNUAL MEETING, OCTOBER 6, 1953

50th Anniversary of the Montgomery County
Medical Society

BUSINESS AND SCIENTIFIC SESSIONS

Bethesda, Montgomery County, Maryland

FOR COMPLETION OF TRANSACTIONS

See Volume 3, No. 9, September, 1954, Maryland State Medical Journal, for completion of 1954 Transactions.

The Membership Roster, which is a part of the Transactions, was published in Volume 3, No. 5, May, 1954.

Scientific Sessions

OUR RELATIONS WITH THE PUBLIC¹

BENDER B. KNEISLEY, M.D.²

No one who is familiar with the history and tradition of this fine old Faculty, in existence since 1799, could help but feel greatly honored in being selected to be its President. As one who has always made an effort, for some thirty years, to maintain an active interest in our State Society, my heartfelt gratitude and appreciation goes out to the members of this organization for their recognition.

Our relations with the public is an exceedingly important aspect in the practice of medicine. It is here now, and it might be instantly added, always has been. To-day, since 1946, when the American Medical Association first started its organizational effort in public relations, we hear much, so much, and as some of us think, too much, about this "*thing*" called public relations. One would not expect the medical profession, as has always been customary with doctors, to agree on methods of approach and execution of plans for better public relations. But one can say, we think, that there is a common agreement in that we should have good public relations. Therefore, we are all against bad public relations. Many of us recall the story, told many times perhaps, about one of the Presidents of the United States, the late Calvin Coolidge. When asked by his wife, after returning from Church one Sunday what the minister said about God, his answer was that,

"he was for Him." "And what," the wife asked, "did he say about the Devil?" "He was against him," answered the good President. So, we all are for good public relations. Our only difference, one feels, is in our attitude and approach to the problem.

From what we can gather in recent years coming from voluminous written articles, discussions and personal conversations, there are three main types of approach—First, there is the ultra conservative viewpoint, the status quo, or what might be better termed the "let it alone," idea. These men believe that if we give perfect service to our patients, always live up to the precepts of Hippocrates in word and deed, there will be no need for all the furor about public relations. Unfortunately, such Utopian conditions do not, nor have they ever existed. One feels that he must reject this attitude, although idealistically, it has much to offer. . . . The second type of approach is the extreme one. Those in this category believe in going all out with somewhat high pressure publicity, all types of plans and methods of winning the public to our side. It has the scent of a big, paid, publicity campaign to buy public favor. This category, we feel also, we must reject. . . . The third viewpoint, held by a very large group of doctors, is the "middle of the road one," moderately conservative or a wee bit to the left or right of the center. Although your speaker is definitely committed to this third and last viewpoint, he certainly under no circumstances, questions your right to differ.

Now why, we ask, why is there this hue and cry for better public relations? Is it really needed?

¹ Presidential Address, presented at the One Hundred and Fifty-sixth Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, on Tuesday evening, April 27, 1954, in Osler Hall, 1211 Cathedral Street, Baltimore 1, Maryland.

² President of the Medical and Chirurgical Faculty of the State of Maryland.

Are we still the unassailable profession? Can we do no wrong? Alas, we come out of a long period of lethargy, rub our eyes, and inquire. We find that many people can not get emergency service. Some people think they are overcharged; there are misunderstandings due to a lack of public education; lay and voluntary public health groups have had no cooperative medical leadership. The press relationship has not been what it should be and doctors get a poor press. Many people do not have a personal or family physician. And so we find many of the answers to these inquiries surprise us. But we know that these conditions exist, exaggerated or not, and the attitude of denial will not suffice. So, what to do?

We set about mending our own fences and offering the public and ourselves a positive program based on offensive as against defensive action. Today, a vital program capable of producing successful results, should include as its necessary objectives, . . . the improvement of medical services, . . . public education, and the building of medical leadership in all those fields where Society needs and expects doctors to lend their experience and knowledge in the improvement of man's lot.

No person because of his economic status or otherwise should be denied good medical care. All doctors of course sincerely believe and are dedicated to such. But many physicians are busy, some are away from town or city and on some occasions they can not be reached when an emergency arises. Strangers move into town and do not contact a physician for future family care. Word got abroad the country-land by conversation and by press articles that it was difficult to get a doctor in an emergency. Most cities, larger towns and some smaller communities now have an emergency medical service, sponsored by the local society group and taken care of by a roster of rotating doctors. They give emergency service on a twenty-four hour basis. The public appreciates such a service and such action has eliminated the old chronic complaint

of not being able to get a doctor. Hagerstown, Maryland, has had an emergency service in operation since 1951. Last year three hundred and twenty-five calls were processed through the answering service. True . . . some calls were not necessary, but the large majority were, and it has been found that by and large the public is a fairly good judge of what an emergency is. Many of these calls were made because the family had recently moved into town, and had not made contact with a physician to be their family doctor. If every family had a personal or family physician, the emergency load could be greatly reduced. A recent American Medical Association survey showed that there were over 600 emergency medical call plans in operation in the United States.

The American public should be shown the desirability and the value of having their own personal or family doctor. There is much comfort and a feeling of security on the part of a family that has a regular personal physician. Not only do the members of the family feel that he will take care of them in an emergency, but that they can go to him for medical counsel and advice. They feel that he will guide them into specialized services when such services are indicated or when diagnostic problems arise. And we must not overlook the fact that a good conscientious physician is the best asset the profession has in good public relations. He is right at the very grass roots of our endeavor.

The reading public is much interested about things medical. Witness the public press, which in many instances has staff writers for medical subjects alone. Many of these articles are praiseworthy and follow along orthodox medical concepts. But sometimes medicine is thrown in a bad light by careless free lance writers who do not always get their facts straight, and who for color may dramatize. The effect is more at a sensational reader interest story. We do not desire to be "white washed," but we only plead for truth and honesty. We do not claim to be always in the right. Great strides have been

made in closer cooperation with the press. In many cities and states codes of cooperation have been drawn and much better understanding exists between medical men and the press. A friendly spirit and a willingness to sit down around the table and discuss our mutual problems are great aids in solving unsatisfactory relations. Any day, any time, the newspaper man will have a story. He needs our help for the facts. We should be willing to assist him when such help does not violate our accepted code of ethics. The Press, Radio and more recently Television have put down the welcome mat to medicine. We are showing and will show our appreciation by constructive contributions to such media, for it is here that our opportunities for giving the public the true side of medicine lies.

One of the most outstanding contributions given too little notice, we think, has been the activities of the State and local Women's Auxiliaries. Their programs have not only featured better intra-professional relationships, but have added much in better public understanding of our problems. Recently a public relations man said that he thought the annual dues of these Auxiliaries were quite low. Knowing what a fine job they have already done for our cause, perhaps by doubling the dues their effectiveness could be doubled or even tripled. Husbands . . . will please vote in the affirmative!

Lay organizations and voluntary health organizations should have our cooperation in giving medical leadership and education where

and when needed. Speaker bureaus or speaker committees in Societies are a great help to those organizations in their efforts to educate the public in things medical. Our leadership should implement the activities of voluntary health insurance organizations and we should understand and explain to our patients the advantages of policies with Blue Shield and Blue Cross and other voluntary companies. . . . A discussion of fees is in order and many misunderstandings could be avoided by a frank discussion of such. There are many other "frills" if you please, attached to the broad subject of public relations, but it seems to your speaker that we should concentrate on the real needs as it affects us or as others might think, as to the needs in their community. And when we take a positive program in the educative field or the service field, we should do that and do it well. Such would be more realistic than to be inoculated with a whole mass of promotional ideas and be drowned while learning to swim.

In closing . . . I wish to say that we must do more than practice good medicine. That is not enough, important as it may be. Nor are good Public Relations enough. If we are to have our freedom in America, we will have to speak out. This is the time for men of medicine to take their civic responsibilities in all sincerity. In such an old and illustrious, yet so vital an institution as the Medical and Chirurgical Faculty of Maryland, one has an abiding faith.

148 West Washington Street
Hagerstown, Maryland

OUR GROWING RESPONSIBILITIES TO THE AGED IN OUR MIDST¹

RICHARD A. KERN, M.D.²

There is nothing new about the problems which an aged individual poses for those around him. The Methusaleh family must have known all about them. But it is only in the last 25 years that those problems have been snowballing to alarming proportions, both because of the rapid increase of the aged in our midst and the shrinking ability of their families to care for them.

When Cicero wrote his *De Senectute* 2000 years ago, the average life span in Rome was 23 years. In 1000 A.D. in England it was 35 years. In 1900 in the United States it had increased only to 47 years. But to-day an infant at birth has a life expectancy of nearly 70 years.

As a result, the aged are rapidly becoming a larger fraction of the population. The census of 1850, showed that only 2.5 per cent of Americans had reached the age of 65. In 1950, 8 per cent were over 65, and if the trend continues, then in 1980, these oldsters will constitute 14.5 per cent of our population.

In some states, and especially some cities, the trend has been even more rapid. For example, in Maine, New Hampshire, Vermont and Massachusetts (to mention only a few) over 9 per cent of the people were past 65 in 1950, and in that year the oldsters made up 22.2 per cent of the permanent residents of the city of St. Petersburg, Florida.

By the sheer weight of their numbers the aged are claiming our attention with rapidly growing problems in many fields of human endeavor: not just in medicine, but in industry and politics, in religion and philosophy, in our basic concepts of government and human rela-

tions. But no matter which field we examine, it is first and foremost the economic factors involved that are forcing the issue. Therefore all of us, regardless of profession or sphere of activity or interest, must interest ourselves in the nature, and apply ourselves to the solution, of the economic problems of our aged. Let me point out some of these problems—I regret that I have no pat solutions.

Thrift is not a common virtue. A scant 5 per cent of those over 65 have saved enough to be self supporting. Another 25 per cent are still at work. Therefore 70 per cent are being supported wholly or in part by others.

Now consider how big this support problem is today, and how much larger it may be in a very few years. Those over 65 now comprise 8 per cent of the total population: but they are 11 per cent of those over 18: that means there are today 8 workers between the ages of 8 and 65 for every oldster. But in 1980, 24 years from now, those over 65 will be 20 per cent of those over 18, and there will be only 4 workers for every oldster.

Our *basic economic needs*, regardless of our ages, can be grouped under three headings: *Subsistence* (covering basic essentials of food, clothing and shelter); *Care* (providing unskilled help for those unable to help themselves: such as the very young, the infirm, the temporarily or permanently handicapped); and *Treatment* (the costs incident to illness or injury).

Let us review how these needs of our aged have been met in the past and are being met today.

Subsistence is best provided by the oldster himself who has saved a competency, or, better still, who can continue to work. The sweetest bread is that which you earn in the sweat of your own brow; the bitterest is the bread of charity, no matter who dispenses it.

In the absence of self-support, most of the

¹ I. Ridgeway Trimble Fund Lecture. Presented at the One Hundred and Fifty-sixth Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, on Wednesday evening, April 28, 1954, in Osler Hall, 1211 Cathedral Street, Baltimore 1, Maryland.

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² Professor of Medicine, Temple University School of Medicine, Philadelphia, Pennsylvania.

aged used to depend for subsistence upon their children. But today families are smaller, and there is no room for a parent in a tiny house or apartment. Among 2000 applicants for admission to a home for the aged, 95 per cent had no living children, and those of the rest were too old or infirm, rarely unwilling, to help their parents.

To an increasing degree, *Government* has therefore been stepping into the breach with old age pensions and social security insurance. Such financial aid has the great advantage of permitting the aged to continue to live in their own homes. Unfortunately, 26 per cent of men between 65 and 69, and 51 per cent of women in that age group are widowed; yet many, especially old women in groups of 2 or 3, have solved their problem by pooling their resources and forming what the social economists call the "pseudo-family."

But such governmental programs of financial aid have some serious defects. *State old-age pensions* depend on the wealth of the state that pays them. In 1948, they ranged from a low of \$18.79 a month in Mississippi, to \$70.63 in California. Yet at that time the basic cost of living per couple per month was \$125 to \$152. The pensions therefore fell short of providing even the barest subsistence. But to raise them accordingly would be too expensive. A law passed by California in 1948 to grant a \$75 monthly pension at age 63 was changed a year later by raising the age to 65, because of the threat to that state's solvency. *Social security programs* as well as the State pension plans have the additional serious defect of not being on a sound actuarial basis, but existing on a pay-as-you-go plan, dependent on current tax income rather than on established cash reserves.

Private pension plans are rapidly becoming an important means for providing subsistence for the aged. In 12 years those covered have increased from 600,000 to over 12,000,000, and the coverage is financially adequate. They are of two types: the annuity purchased by an in-

dividual from an insurance company, and the pension plans set up by industries for their employees. Both are on a sound actuarial basis.

But the industrial pensions have this important weakness: If an industry gets into financial difficulties, not only in periods of general business depression, but under conditions affecting a single plant or industry, such as a local disaster, or a new invention that makes an important product obsolete, a small factory may have trouble in meeting its pension payments, unless there are strong cash reserves.

All pension plans must face yet another serious threat: *inflation*. What will the hard-earned premium dollars of today buy as pensions in future years? None are so cruelly hurt by the shrunken value of an inflated currency as the aged on a fixed income from savings or a pension.

So far we have been dealing only with the cost of subsistence. That cost is more than doubled when, because of infirmity, *Care* becomes necessary. The salary of a "practical" nurse or unskilled attendant, plus the subsistence of the nurse, will account for that. Care for the oldster is cheap only when given free by relatives in the home or by attendants to larger groups in an institution.

Homes for the aged have therefore been provided by Government at the local level to give care to the infirm aged at the expense of the taxpayer. But such institutions have some obvious shortcomings. There is only one ticket of admission: indigency; the inmates have no choice in the selection of their company. The standard of living is kept down to the lowest possible level: the taxpayers see to that. Such "homes" all too often deserve their earlier name, the "Poor House."

On the other hand, *homes privately supported* by special groups such as a religious body, a fraternity or a trades-union, are ministering to a larger number of aged than ever before. They shelter guests with common backgrounds and interests. They provide generously not only for

body, but for mind and soul, because their sponsors take pride and personal interest in inmates and institution. Visitors in county "homes" are a rarity, but they come by the hundreds, even thousands, to these "group" homes. The most eloquent testimony to the general excellence of the services rendered by these institutions is seen in the growing waiting lists of their applicants.

When *Treatment* for illness must be provided in addition to subsistence and care, then costs rise to astronomic figures, because this calls for hospitalization, the most expensive item in any person's experience. The aged, who are least able to pay for it, are the very ones who need it most. In 1940, Dublin reported that the policy holders of the Metropolitan Life Insurance Company average 6.9 days of disabling illness per year but the policy holders over 65 were ill 35 days a year. In a home for the aged with which I have been connected, the guests, whose average age is 79 years, are in bed because of illness for 91 days each year.

This is why the beds of our general hospitals are largely filled with aged patients. Most of these have chronic ailments and therefore require chiefly nursing care, some medical attention and little or nothing of the elaborate diagnostic and special therapeutic service which those hospitals are prepared to give and which are so largely responsible for the high cost of maintenance of those institutions.

There is a crying need for a new type of hospital for the convalescent care and rehabilitation of patients, especially the aged. It would require little in the way of expensive laboratories, radiology departments and surgical equipment, and therefore could furnish service at a much lower per diem cost. It should be located next door to a general hospital, or, in a small community, could be a separate building of the hospital, so that its patients could be served, when necessary, by the staff and facilities of the general institution, but on a separate cost-accounting basis.

If there has been trouble in finding the money to pay for *subsistence* and *care*, it is as nothing in comparison with that to meet the cost of *treatment*. Since illness requiring hospitalization is of the nature of a catastrophe in the life of any individual, it is only logical that he should prepare to meet that cost, as he does other possible catastrophes, by some form of insurance.

So it is, that the aged in our midst, by reason of their numbers and their need, have suddenly confronted us with an economic problem that in turn threatens to change our political structure and our basic philosophy of government. The proponents of the Socialized State have seized upon it as the major first step in that direction by calling for *compulsory* health insurance. We of the Medical profession have borne the first brunt of the attack and thus far have held the line. In the meantime, *voluntary* insurance plans, such as Blue Cross, Blue Shield, and various others, have grown both in the numbers protected and the degree of coverage to the point where their ability to meet the problem seems surely predictable. Already 92,000,000, or 61 per cent, of our citizens have some form of such protection. But the struggle is only in its beginnings. Therefore, it is germane to this presentation to call attention to some basic facts in the matter.

The *cost of hospitalization*, the thing for which the patient gets billed, consists of two things: the charge by the hospital and the physician's services. Most laymen think that the doctor gets most of that money, and are therefore quite ready to side against the medical profession in schemes to combat the high cost of "medical" care. We must inform the public that the doctor's share is only a small fraction of that cost.

Compulsory health insurance is basically a form of taxation. It could produce for the government huge sums of revenue that could all too easily be diverted to pressing current needs, leaving eventual benefits to the insured to be raised out of future tax levies. Government

would certainly not subject itself to the same stringent controls that delimit the operations of private insurance companies. Nor would a government program be administered as economically: there are numerous examples in many fields, but the cumbersome bureaucracy of every compulsory system in other lands is the best proof.

Please be reminded, too, that in Great Britain compulsory health insurance was the first and irreversible step in the direction of state socialism.

But we are concerned at the moment with economic problems. It is a basic economic principle that the *standard of living of a country is a direct function of the total production of its people*. If more and more aged must be supported by fewer and fewer workers, then we are inevitably faced with a lower standard of living, unless our production per individual increases, or more old people stay at work: the latter is in my opinion by far the better plan.

Enforced retirement at an arbitrary age is for obvious reasons a necessary expedient in many occupations and walks of life. But its extension to every field of human endeavor and its inflexible enforcement in most fields constitute a major stupidity in current practice. It is an absurd assumption that a man possesses a 100 per cent working capacity to the last day of his 64th year and none whatever on the following day. First, industry is foolish in expecting the aging man to work at top speed, and we physicians often fail to advise him against it, and so contribute to his premature break-down. Then, by retiring him at 65, industry deprives itself of the worker's greatest asset: wisdom; wisdom comes only with experience, and experience only with years. But above all, it robs the worker of his finest means to happiness.

Here is a major challenge both to *industry* and to *medicine*: to industry, in making rules more flexible to make health and strength as well as age the criteria that govern retirement, and in providing for those, too old for more strenuous effort, new kinds of employment where they can

work at a slower pace, for shorter hours and less pay, but needing less pension, and the happier for their continued usefulness; to *medicine*, in striving, not only to prolong life, but to preserve vigor of mind and body as close to the end as may be.

It has already been intimated that there are *political problems* presented by our oldsters. They now comprise 12.5 per cent of those over 21, the voters, and by 1980 that proportion will be 25 per cent. Such minorities can and do carry elections. The oldsters are therefore a growing target for political aspirants, and here lies a sinister possibility.

It is an easy thing to sell to the impecunious aging and aged the idea of the "welfare state." Remember how we scoffed a generation ago at the foolish proposals of Dr. Townsend? Yet today far wilder schemes are being considered much more seriously. Unscrupulous politicians make promises with tongue in cheek, or hand out a few showy benefits, in order to gain power. And for such baubles, citizens have been willing to trade their priceless heritage of personal freedom. Two thousand years ago, the Roman politicians gained their point by the slogan "Bread and Circuses"; today that has been boiled down to a single word, "Security." The growing power of the group of aged voters is an important reason in the minds of many for enfranchising the 18 year olds.

Now let us consider some of the medical aspects of gerontology: the growing field of *geriatrics*.

I shall not enumerate the various changes in structure and function of the several parts of the body that eventually constitute the full-blown picture of old age: they are well known to you all. But it deserves emphasis that the physician must be alert to their beginnings, and must know something of the usual time-table of their development. Here a knowledge of the family history is helpful in deciding whether a given change in the patient is premature, normal or delayed for his chronological age. Moreover, the

physician must distinguish between what is normal and what is pathologic: for example what is acceptable vascular fibrosis and what is the disease atherosclerosis.

This distinction between the normal and the abnormal is particularly difficult in the realm of the mind and psyche. Last to deteriorate in most persons, the mental activity long continues at a high level of efficiency. (That may be why no one thinks himself old, even though he is well aware of the physical limitations of an aging body.) Yet changes do come, notably a gradual failing of memory and a lessening ability to memorize. But forgetfulness can merge into a pathological loss of memory. An old patient of mine properly made notes to remind her of things she wished to ask me at the next visit, but the time came when she forgot what she had written right after turning the page and there repeated the same questions. And how often have you had to listen to the same story from a senile raconteur? The oldster is entitled to a soberer outlook on life, to conservatism, fatalism, lessened enthusiasms and frank pessimism. Now pessimism may be justified by the threat of poverty, unemployment or illness, but it can be magnified and distorted into extreme miserliness or a suicidal depression.

To evaluate properly the emotional reactions of our aged patients we must have a full knowledge of their circumstances and environment, their interests and activities. A potent cause of psychic change in the aged is loneliness. One of the greatest trials of aging is the loss of one's contemporaries. To make matters worse, the aged make less effort to be agreeable to those around them, and so may court neglect or even hostility in the household. To loneliness is now added discontent, and these smouldering emotions soon find expression in symptoms and complaints, that in turn mislead the unwary physician into erroneous diagnoses of organic disease.

What can the physician do about aging? If he knew more about the *mechanism of the processes*

of aging, he might well delay the ravages of time, and there is real promise that some day he will. Just as there are nutritional and endocrine factors that speed up or retard growth and maturation in early life, so there are undoubtedly factors that similarly influence decadence. Dietary deficiencies and the composition of the diet at any age, and especially at critical periods of development and growth, may determine the durability of various tissues. We know that the fluorine intake between 6 and 12 determines the resistance of the teeth to the formation of caries. The cholesterol-lipid ratio in the diet may well have something to do with the development of atherosclerosis. Bee larvae fed on honey alone grow to be worker bees that live a year, but the larva that is fed "royal jelly," a product of the throat of worker bees, becomes a queen bee that lives 5 years. There must be endocrine factors: witness the progeria of pituitary failure. The psychic traumata of early life have much to do with the mental problems of later years, and therefore attention to mental hygiene in youth should contribute much to better adjustment and therefore happiness in later years. But we know so little as yet about these things. We know least about the most important known factor in longevity: heredity. The best way to attain old age is still to pick the right ancestors.

In the absence of fuller knowledge of the determinants of longevity, our efforts are chiefly to help an individual to achieve his expected life span in health, vigor and happiness. This calls not only for the prevention and cure of disease, but for the prescription of a proper mode of life for the aging as well as the aged.

This prescription has four ingredients: *Work, Rest, Diversion, and Moderation in all things.*

Work is the best way to preserve strength and function. The wheel that doesn't turn, rusts. Unused faculties and skills weaken and atrophy. Therefore "work" means the regular performance of physical and mental exercise and the doing of as many things as the individual knows how to do, as often as it is feasible to do them.

Work, because it gives purpose to life, is the surest means to happiness. We have grown up only when we have come to realize that work in itself is keen enjoyment. The greatest good that I could wish for you, therefore, is that you may be permitted to work to the very last.

This by no means precludes retirement, which even when not forced upon us, we may nevertheless seek for excellent reasons. The important question then is not, when shall I retire? but what shall I do when I retire? That question is easily answered by the man with many interests and a wealth of spiritual resources. He can look forward to retirement as a welcome relief from chores assigned by others so that he can work twice as hard at things of his own choosing. But tragic is the fate of the man who knows only his work. We must acquire hobbies in youth if they are to serve us well in later years. They must be wisely selected and assiduously cultivated. Those hobbies are best which bring us into contact with others (as opposed to those pursued alone) and which are acceptable to us as a substitute for work.

Rest, the second ingredient of our prescription, is needed in increasing amounts to prevent undue fatigue. The after-lunch siesta should be a regular part of the daily program of the elderly. Vacations should be longer in the yearly aggregate and are best divided into two or more segments during the year.

Diversion is at all ages an important means to health and happiness, but especially so during the increased leisure time of advancing years. But today many people think of diversion as synonymous with amusement, and amusement in turn is mostly of the passive variety: movies, the radio, television and the newspaper, with emphasis on the comic strip. Yet there is far more satisfaction in making a little music than in just listening to it, or in disciplined study of a new subject and stimulating discussion of a timely topic than in idle reading. Even whittling on a stick is better than sitting idly by.

But to do such diverting things well, they must be learned when we are young and must be practiced through the years. To grow old happily we must accumulate not only money in the bank but resources of the mind on which we can draw in old age. Therefore our early training and our education even at high school age should include some preparation for old age. Above all, we should be taught how to continue to educate ourselves by self-imposed studies that should begin when formal education is over and should continue as long as we live. What are *you* studying now?

Moderation in all things applies not only to our work, rest and diversion, but such things as diet, habits and personal hygiene.

Diet must be moderate in quantity and properly balanced in kind. Obesity is the commonest disease in this country. It is also the greatest threat to longevity. Yet the aging are increasingly prone to it when one by one the other physical pleasures are denied or outlived and there remain only the joys of the table.

Deficient and poorly balanced diets are commoner among the aged than in any other group, sometimes because of poverty and poor dentition, but all too often because in their second childhood they indulge the whims and caprices that parental control interdicted in the first. It is often just too much trouble to prepare a proper meal or to go out to eat.

Alcohol is permissible, especially toward the end of the day, to those who enjoy it, but should not be prescribed for those who have never used it. Moderation is essential, but one is reminded of Perry Pepper's story of his ancestor, Benjamin Franklin, who as an old man, objecting to his physician's ban on alcohol, reminded him that one sees more old drunkards than old doctors.

Smoking should be forbidden in the presence of serious cardiac disease, especially that of the coronaries, and in peripheral vascular insufficiency. Otherwise it may be allowed in moderation. The very old may have to have their tobacco rationed to keep it within bounds and

smoking in bed should never be allowed unless someone is present.

Sexual intercourse is largely limited by nature, but it may be necessary to advise moderation. One is reminded of the proverb that an old man's three worst enemies are a well-stocked wine cellar, a good cook, and a young wife.

Bathing once or twice a week is enough for the aged, lest the too frequent use of soap and water induce an eczema in a dry atrophic skin.

The state of the bowels must be watched in the aged, partly because of a tendency to constipation, partly because they are forgetful and may misrepresent the facts. A simple way of recording bowel movements in the bathroom is helpful. For constipation a mild laxative is to be preferred to the indignity of an enema.

Urination needs consideration in the elderly, especially in men with beginning prostatism, lest holding the urine too long induce an acute retention. Over 50 years ago, Dr. B. F. Hinkle, then in his eighties, gave me this good advice: "My boy, void whenever you get the chance, whether you need to or not. You never know when the next chance is coming."

Not only must we prescribe a mode of life for our oldsters, but we must advise those who are looking after them, especially their relatives. Here are some important rules to observe:

No house is big enough for two families. Therefore let the aged continue to live in their own home as long as they are able. When infirmity necessitates removal into the home of a relative, then the room so assigned should be furnished as far as possible with things from the old home: a favorite chair, desk, lamp or pictures as ties with the past. The privacy of its occupants must be respected: never enter without knocking.

Never separate a couple.

Encourage the aged to continue their old friendships and to make new ones. Urge them to go to church, club or lodge, and to observe anniversaries and significant occasions.

See that they have some spending money,

preferably given in payment of any services performed.

Let them be useful in the household. The young often thoughtlessly perform a task that they can finish in so much shorter time, but in so doing, they deprive the oldster of this important source of satisfaction.

Encourage them to be neat in dress and appearance. The surest tell-tale of senility is gravy on the vest.

Flatter them by asking their advice. Remember, too, that they won't tell you about your most obvious mistakes because they wish not to interfere in your affairs.

Above all, show them affection. They are happy in the knowledge that they are loved and wanted.

When the aged are ill, they are best cared for at home. They should be hospitalized only if circumstances demand it, or at their own request.

Intelligent nursing care during illness is of the greatest importance, and especially at night, when delirium is most likely to occur. Confusion is much more frequent at night, particularly when the patient has been recently moved to a new environment. He gets out of bed to go to the bathroom in the direction as remembered in his former domicile, only to fall down the back steps instead. In severe illness a night nurse is indispensable, and at all times there should be a small night light burning in the oldster's room. Our high hospital beds are a danger to any aged patient unless they are provided with side rails.

Bath room privileges are to be granted to the aged during illness whenever possible. The use of a commode at the bed side involves much less exertion and discomfort than does a bed pan.

It is out of the question to discuss individual disease problems within the scope of this presentation. But I would like to emphasize some important points in the general field of *diagnosis and treatment*.

History-taking in the aged is difficult because they are forgetful and they may also be unreliable. They will hide symptoms that might

reveal an illness that could cost them their job. They may feign illness, usually to gain sympathy, at times to inconvenience an unpopular member of the household. Nor is the family an unprejudiced source of information: they, too, may exaggerate, minimize or distort the facts as prompted by their own sentiments or to serve their own ends.

The physical examination and the laboratory must be relied upon all the more to reach a correct diagnosis. Here our sins are largely those of omission: failing to make a regular and complete physical examination is by far the commonest. We fail to count the pulse at the heart as well as at the wrist, or we fail to take the blood pressure in each arm, or we do not count the respirations. We do not look for lesions under dentures or under other prostheses or even garments. Particularly are we likely to skip the examination of rectum and genitalia in the aged.

In the field of *treatment*, we must remember that the aged eliminate some drugs more slowly and so may experience prolonged and cumulative effects. This calls for lower dosage, especially of opiates, hypnotics and even mild sedatives. The aged also need less digitalis, and so, with the highly potent preparations in use today, they may experience toxic effects if there is too rapid a loss of edema fluid by diuresis.

Some drugs have an altered reaction in the elderly. Hyoscyamine, scopolamine and belladonna at times produce delirium, and so should be used with caution and their effects noted at night.

The unfavorable side effects of ACTH and cortisone are more likely to occur in the aged than at any other time of life, because of existing vascular disease, mild diabetes, potential psychotic tendencies or chronic infection. Their use should therefore be cautious and not unduly prolonged.

Surgical treatment has won some of its finest triumphs in the aged, as, for example, in prostatism and in fracture of the neck of the femur. This is due in part to better pre- and post-

operative care, better anesthesia, better surgical technique, early ambulation and the antibiotics. But some of the credit should go to a broadening experience in the surgery of the aged, and to the fact that there are more older surgeons. The older the surgeon, the more likely is he to appreciate the patient's viewpoint, and not just to think of him as an old wreck scarcely worth the effort of saving.

At this point I wish to emphasize an important prophylactic measure: the *prevention of accidents*. The commonest cause of death after heart disease and cancer is death by violence. Until 6 years ago this was primarily death by automobile; since then, fatal accidents in the home are at the head of the causes of death by violence, and those over 65 contribute over 80 per cent of the total. Accidents are preventable. What are *you* doing to prevent them? When you get home, check these potential dangers to your own life and limb: hard wood floors, carefully waxed once a week to make them slippery and then dotted with things quite properly called "throw" rugs; long lamp and telephone cords leading from the wall toward the center of the room that some one falls over as he gropes at night for a light switch; the piece of furniture shifted without warning and so to be encountered in the dark; loose toys anywhere; the stairs without handrails; the things left on the top or bottom step, to be carried up or down the next trip (only some one else trips first); bath tubs, showers and toilet seats without well-placed hand-grips to assist the elderly; the lack of night lights in country that must be traversed in the night; the unguarded unlighted stairway.

We all know how much help and comfort we get from glasses as we grow older. Most of us also replace lost teeth by proper dentures. But it is truly remarkable how often deafness goes uncorrected. Yet deafness is a very serious handicap and all too often responsible for loneliness and isolation, and even for serious accident. Therefore those with failing hearing should early be encouraged to seek the help of a hearing de-

vice. Now you don't advise them to get their glasses on the bargain counter of a department store: why let them get their hearing aids through a lay salesman? The otologist will select and fit the proper device, instruct the patient in its use, and let him know how to learn lip reading.

My final advice is on the subject of *keeping proper records* of your aging patients. The law recognizes that a child is unable to enter into a contract before reaching the age of legal responsibility, but it assumes that the oldster remains competent until proved otherwise. Yet many persons live long enough to become incompetent. The aged must depend more and more upon others to manage their affairs, and so are likely to favor those on whom they depend, when they come to bequeath their possessions. They may fall victims to designing sycophants or may properly decide to do more for thoughtful strangers than for their neglectful relatives. The physician's observations here assume great medico-legal importance: he has studied the patient over the years, sees the beginnings and degree of mental decay, knows the status of family relationships, and so is sure to be called upon if a will is contested. Therefore he should be observant and keep *written dated*

records. He had also best preserve his own status of neutrality by refusing to be a signing witness to a patient's will.

There is so much more that could and need be said on the many phases of our subject. But, I must content myself with just one more thought in closing. The most *useful therapeutic measure* in all aspects of treatment of the ills of the aged is *sympathy*. They don't get too much of it at best. A kindly approach, a patient ear, a word of understanding of the oldster's problems, a cheerful word of reassurance and encouragement: these will potentiate the simplest remedies into miracle drugs; their lack will result in failure, because of the consequent absence of the greatest factor for the oldster's survival: the *will to live*.

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REFERENCES

1. KERN, R. A.: El Cuidado de los Viejos, Puerto Rico Medical Bulletin, **34**, 117, 1942.
2. KERN, R. A.: Chapter on Care of the Aged in Musser & Wohl, Text Book on Internal Medicine, 5th Ed.; Philadelphia: Lea & Febiger, 1951.
3. KERN, R. A.: Problems of an Aging Population, G. P.: **4**, 47, 1951.

THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

Office of the Secretary—Robert L. Faulkner, M.D., 2105 Adelbert Road, Cleveland 6, Ohio

Applications for certification (American Board of Obstetrics and Gynecology) for the 1955 Part I Examinations are now being accepted. Candidates are urged to make such application sometime in July or August.

All candidates for admission to the Examinations are required to submit with their application, a plain typewritten list of all patients admitted to the hospitals where they practice, for the year preceding their application or the year prior to their request for reopening of their application, with the diagnosis, pathological diagnosis, nature of treatment, and end result.

Application for examination or re-examination, as well as requests for resubmission of case abstracts, must be made to the Secretary prior to October 1, 1954.

Under a change of requirements for the Part I Examination, candidates must submit 20 case abstracts rather than 25 as formerly. Five of these may be from one's residency service.

PRESENTATION OF PORTRAIT OF DR. JOHN RUHRÄH*

FRED B. SMITH, M.D.

DR. KNEISLEY: I should now like to call on Dr. Fred B. Smith who has a duty to perform.

DR. FRED B. SMITH: Dr. White, Dr. Kneisley, Dr. Andrus, Members of the Medical and Chirurgical Faculty, and Guests. Given a man endowed with high intelligence to begin with, long experience and hard study, and the result is confidence.



DR. JOHN RUHRÄH

Dr. John Ruhräh had it to perfection and the laity, although they did not know whence it arose, recognized it and to people who are bewildered and frightened, this confidence was as a draught of water to a traveler in the desert.

He was more than a member of the medical profession; more than a member of the Baltimore School Board; more than a distinguished, if adopted Marylander. He was a citizen of the world, a rich and vivid personality whose slightest contact was a challenge to the intelligence.

Dr. Ruhräh was born September 26, 1872, in Chillicothe, Ohio. After his high school education he received his medical degree from the College of Physicians and Surgeons, Baltimore, 1894. He was Assistant Resident Physician at Mercy Hospital from 1894 to 1895, and Resident Physician 1895 to 1897. He was physician in charge of Pasteur De-

* Presented at the One Hundred and Fifty-sixth Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, on Tuesday evening April 27, 1954, in Osler Hall, 1211 Cathedral Street, Baltimore 1, Maryland.

partment of the College of Physicians and Surgeons in 1897. He took postgraduate courses at The Johns Hopkins Medical School; at the l'Institute of Paris, 1897, and at the Universities and hospitals in Vienna, Paris and Berlin 1900 and 1901. From 1898 to 1900 he was Quarantine Physician at the Port of Baltimore. In 1916 he was the first appointee to the Chair of Diseases of Children at the University of Maryland Medical School, a position he held until the year 1927. He was also visiting physician to the Mercy Hospital, Consulting Physician to the Church Home Infirmary, and Visiting Physician to the Hospital for the Women of Maryland. He worked diligently at the Nursery and Child's Hospital on Schroeder Street for years. He died in Baltimore at the Mercy Hospital, March 10, 1935.

Dr. Ruhräh was elected president of the American Pediatric Society, 1912, president of the Medical and Chirurgical Faculty of Maryland 1919; president of the Medical Library Association 1927; president of the Research Society 1932; president of the Osler Historical Society 1933; president of the American Academy of Pediatrics 1934. He was appointed a Member of the Board of Education, Baltimore City and in 1932 he was selected by the Baltimore City Medical Society to prepare a history of the Medical Profession in Maryland for the last quarter century, a task which he was well qualified to perform. He entered private practice in 1901. He never married. He was a facile writer, the author of several books. He contributed articles on Pediatric subjects to most of the modern American encyclopedias and systems of medicine as Osler's *Modern Medicine*; Nelson's *Living Medicine*; Tice's *Practice of Medicine*; Abt's *Pediatrics* and Brenneman's *Pediatrics*. One of his impelling interests was his love of books.

In the words of Dr. Isaac Abt, of Chicago, "Ruhräh had a matchless personality and a great facility for establishing enduring friendships. He was extremely tolerant. He forgave shortcomings and appreciated even the minor virtues of his fellowmen. He mingled well with all classes of people. The lowly and untutored did not repel him and he met the intelligentsia gracefully and with exceptional poise. He was always reminded of a choice tale from a rare book or a forgotten author. His artistic traits were not confined only to art and literature. He was also a devotee of fine music. He made the Annual Pilgrimage to Bethlehem, Pennsylvania, for the Bach Music Festival."

Dr. Ruhräh lived a full life. He had an artistic nature which craved the cultural things of life. These he found it possible to provide for himself.

After his severe affliction in 1930, by undaunted courage and indomitable will, he was happily able to resume his work and his recreations.

Dr. Ruhräh leaves a rich heritage of devoted service dedicated to medicine and humanity. "A man beloved, a man elect of men." Everyone here knows his interest in the Faculty as evidenced by his indefatigable work to procure the new building in which he was instrumental in the organization of and its development. His interest in the Library was evidenced by his leaving his books which he so loved and his residuary estate.

It was an important part of Dr. Ruhräh's service to the city that he strengthened the belief that men of his profession may be and ought to be in Mr. Burk's excellent phrase: "Its guidepost and landmarks in the State."

DR. KNEISLEY: On behalf of the Faculty, we wish to receive this portrait of Dr. Ruhräh, with sincere thanks and appreciation and I am sure that when we place it in the hand of our esteemed and very devoted member, Dr. Chatard, who is our Curator, it will have his very considerate care. Thank you very much.

11 East Chase Street
Baltimore 2, Maryland

Business Sessions

SEMIANNUAL MEETING

Tuesday, October 6, 1953

House of Delegates

Auditorium, Clinical Center Building

National Institutes of Health, Bethesda, Maryland

The 207th meeting of the House of Delegates was called to order by the President, Dr. Maurice C. Pincoffs, at 9:30 a.m. in the Auditorium of the Clinical Center Building of the National Institutes of Health, Bethesda, Montgomery County, Maryland, on Tuesday, October 6, 1953.

The following members registered: Doctors Conrad Acton, David H. Andrew, E. Cowles Andrus, Cecil H. Bagley, O. H. Binkley, J. W. Bird, McKendree Boyer, Helen Bowie, Otto C. Brantigan, Howard M. Bubert, R. V. Campbell, Ferdinand E. Chatard, IV, J. Albert Chatard, Alan M. Chesney, Thomas A. Christensen, Bernard J. Cohen, Melvin B. Davis, Richard C. Dodson, Monte Edwards, Wolcott Etienne, Whitmer B. Firor, Palmer H. Futcher, C. R. Goldsborough, Wilson Grubb, William Hanks, John M. Haws, James G. Howell, Emmett L. Jones, James R. Karns, Harry F. Klinefelter, Jr., B. B. Kneisley, Louis Krause, William B. Long, Edward F. Lewison, W. Kenneth Mansfield, James T. Marsh, Waldo B. Moyers, W. O. McLane, Claude W. Mitchell, Zachariah R. Morgan, G. W. Murgatroyd, Jr., Edmund R. Novak, Thomas R. O'Rourke, John W. Parsons, A. Austin Pearre, Peter P. Rodman, N. E. Sartorius, Jr., E. C. M. Schmidt, T. B. Whaley, A. F. Whitsitt, H. E. Wilgis, Palmer F. C. Williams, Arthur O. Woody, and George H. Yeager.

ON MOTION OF DR. MONTE EDWARDS, SECONDED BY DR. JAMES T. MARSH, THE MINUTES WERE ACCEPTED AS PRINTED AND DISTRIBUTED.

Dr. Pincoffs brought to the attention of the House of Delegates that a subcommittee has been appointed to consider the problem of raising dues, and that previous action of the House of Delegates empowered this Committee to make appropriate recommendations to the Committee on Constitution and By-Laws for presentation to the House of Delegates. The appointed Committee was composed of Doctors W. O. McLane, Chairman, Harry F. Klinefelter, Jr., W. Kenneth Mansfield, Claude W. Mitchell and N. E. Sartorius, Jr. It considered the problem of dues in the Society and the recommendations being made by the Committee on Constitution and By-Laws are based on the report of the Subcommittee to Investigate Dues. Dr. Pincoffs further pointed out that in an effort to give broader representation of the State Society in matters of finance that the following Committee, which is to be known as

the Budget Committee has been appointed by Dr. C. Reid Edwards, the Chairman of the Council. The members of this Committee are as follows: Doctors Wetherbee Fort, *Chairman*, Robert Van Lieu Campbell, Richard C. Dodson, Robert C. Kimberly and Norman E. Sartorius, Jr.

Dr. Pearre reported for the Committee on Constitution and By-Laws. (See page 408.) He presented proposed amendments as follows:

CHAPTER II—Dues and Assessments

Section 1. *Active Members.* Funds shall be raised by per capita dues to be paid by every member of the component societies. The amount of the dues shall be \$20.00 per capita per annum for active members in the County Societies and \$35.00 for active members of the Baltimore City Medical Society, with the following exceptions:

AMEND \$20.00
TO READ \$30.00

AMEND \$35.00
TO READ \$50.00

a. In the County Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$10.00 per annum; for the second year, \$15.00; and the third year and thereafter, \$20.00.

AMEND \$20.00
TO READ \$30.00

b. In the Baltimore City Medical Society the following rate shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$35.00.

AMEND \$35.00
TO READ \$50.00

c. As long as a physician is on the resident staff of hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50.

ON MOTION OF DR. JAMES T. MARSH, SECONDED BY DR. CLAUDE W. MITCHELL, THESE AMENDMENTS WERE APPROVED.

Section d. as follows was read to the House of Delegates:

d. The dues of a licensed physician in Maryland who holds an academic position on a full time salary basis, other than as a fellow or house officer, shall be \$15.00 per annum during the first five years of his academic position.

It was proposed by the Committee on Constitution and By-Laws that this Section be deleted.

Dr. Pincoffs pointed out that at present Section "d" permits younger men holding academic positions the status of Associate Membership. However, they can not vote, nor hold office, nor have Physicians' Defense, and are therefore, unable to be an integral part of the Faculty. It was his opinion that every effort should be made to have the continued active participation by these younger men. The Chairman asked for a motion of approval of the recommendations of the Committee. No motion ensued and the Chair ruled that this indicated the disapproval of the delegates for deletion of Section "d". Dr. E. Cowles Andrus then moved that prior to the next Annual Meeting, a survey be made of the potential members of the Faculty affected by the deletion of this Section of the By-Laws and that the matter again be brought before the House of Delegates. Seconded by Dr. Thomas A. Christensen and carried. (See page 408, 414, 463.)

Dr. Pearre then read the last paragraph of Section 1 of the proposed amendment which follows:

Such per capita assessment is to be included in annual dues of the individual member as paid to his component society; and any member paying dues in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provision of Physicians' Defense.

ON MOTION OF DR. JOHN W. PARSONS, SECONDED BY DR. JAMES T. MARSH, THIS RECOMMENDATION WAS APPROVED.

Mr. Kirkman reported on the results of the \$10.00 assessment approved by action of the House of Delegates in April, 1953. (See pages 408-409.) He brought out the fact that there is no penalty according to the Constitution and By-Laws of the Faculty for non-payment of an assessment. Considerable discussion followed in which it was pointed out that there might be some misunderstanding on the part of the members concerning the payment of the assessment, and it was suggested that further bills be sent out. Dr. Yeager pointed out that authority to do this has been granted by the Council and appropriate billing would ensue.

Dr. Chatard expressed his thanks to the House of Delegates for their efforts in stabilizing the financial condition of the Faculty and extended his appreciation to Mr. Kirkman. He also commended the appointment of a Budget Committee.

Dr. Chatard also expressed his appreciation for the inestimable work the Journal is accomplishing.

At the request of the President, Dr. Yeager reported on the appointment of the Committee on Veterans' Medical Care. The American Medical Association has requested that each State Society have such a Committee in order to evaluate and promulgate a program opposing medical care given by the Veterans' Administration to veterans with non-service connected disabilities. This Committee comprises Doctors Ralph G. Hills, Chairman, Ernest I. Cornbrooks, Jr., Raymond M. Curtis, R. Walter Graham, Jr., and Harry C. Hull. Approval of the House of the action of the Council in appointing this Committee was requested. On motion of Dr. Thomas A. Christensen, seconded by Dr. Robert V. L. Campbell, the appointment of the Committee by Council was approved.

Dr. Ralph G. Hills, Chairman of the Committee on Veterans' Medical Care, then reported on the activities of the Committee. (See page 409.) He gave the background of the progress made in veterans' care since its inception in the late 1800's to the present time. He stated that at the present time 80-85% of the cases now treated in Veterans' Hospitals are non-service connected. Additional beds have been requested for veterans' care although at the present time more than twenty thousand beds are available. It is the plan of this Committee to obtain as much factual information as possible from the Veterans' Hospitals in Maryland and to disseminate such information to the medical profession.

Dr. Hills requested permission of the House of Delegates for the members of his Committee to study the Veterans' Hospitals in Maryland in an attempt to obtain factual data regarding the percentage of service and non-service connected disabilities. Dr. Harry F. Klinefelter, Jr., moved that such approval be given, seconded by Dr. Waldo B. Moyers. Dr. R. Walter Graham, Jr., then amplified on the conditions in the Veterans' Hospitals today, giving many of the details which came out in the meeting of the House of Delegates of the A.M.A. in New York in June, 1953. Dr. John W. Parsons stated that he had attended the A.M.A. meeting, and pointed out to the House of Delegates that the American Legion is highly favorable towards all veterans being given medical care regardless of the connection of the disability to actual service. This organization is said to have a powerful lobby and is bringing this view before the next Congress. Dr. Parsons further stated that he thought any attempt to investigate hospital admissions by any outside group, such as our Society, would be futile, and that such information could only be obtained through an Act of Congress. He felt that this body should approve the action of the House of Delegates of the A.M.A. and requested that the motion of Dr. Harry F. Klinefelter, Jr., be withdrawn. Dr. Klinefelter withdrew his motion with approval of Dr. Moyers, who had seconded it.

DR. PARSONS THEN MOVED THAT THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY GO ON RECORD AS APPROVING THE ACTIONS OF THE HOUSE OF DELEGATES OF THE A.M.A. IN NEW YORK IN JUNE, 1953, REGARDING CARE OF VETERANS, AND THAT NOTICE OF THIS APPROVAL BE FORWARDED TO THE MARYLAND MEMBERS OF THE CONGRESS. DR. MOYERS PROPOSED AN AMENDMENT TO HIS MOTION THAT SIMILAR ACTION BE REQUESTED FROM

EACH COMPONENT SOCIETY. THE MOTION AS AMENDED WAS CARRIED.

Dr. Yeager informed the House of Delegates of the proposed Crash Injury Research of Cornell University Medical College which had been approved by Council, and for which ratification was necessary by the House of Delegates. He stated that it was hoped that such a study would prove of value in determining the relation of automobile design to accident injuries, and thereby improve automobile design. The study will cover an area of the Washington Boulevard lying in three counties—Prince George's, Anne Arundel, and Baltimore Counties. State-wide cooperation from the State Medical Society will be necessary for the study to be effective, and will require the filling out of forms by physicians in the area under study. **IT WAS MOVED BY DR. WILSON GRUBB, SECONDED BY DR. ALAN M. CHESNEY, THAT THE ACTION OF THE COUNCIL IN APPROVING THE CRASH INJURY STUDY BE RATIFIED. THE MOTION WAS CARRIED.**

Dr. Robert V. L. Campbell reported for the Resolutions Committee. (See page 409.)

Dr. Campbell read the following:

The following paragraphs are quoted from the report of the Committee to Study Legislative and Professional Standards and Staff Relations of Hospitals, as they contain recommendations which were referred to the Resolutions Committee by the House of Delegates at its meeting in April, 1953: "This Committee now feels that this provision should be replaced in the law since we believe the professional staff of any hospital is one of the most important elements of that hospital's satisfactory performance. Although some may have apprehension that this being administered by the State Department of Health might create an undesirable setting of control by a state agency of professional activities in a hospital, we do not believe that this will follow. On the contrary, the Maryland State Department of Health, through the Board of Health, has adequate representation of the practicing medical profession of the State. Furthermore, we recommend that in the administration of the hospital licensure law, with the added feature of setting standards for professional staff, the State Board of Health establish an Advisory Committee from the Medical and Chirurgical Faculty of the State of Maryland. If this recommendation is followed out, the Medical Faculty would have a direct access to advise the State Board of Health on hospital licensure. The Committee further recommends to the House of Delegates that these members from the Medical and Chirurgical Faculty be a combination of appointive and elective members."

The resolutions committee felt that it should not approve or disapprove this resolution because it involved basic policy. It, therefore, recommends that this resolution be referred to the council.

Dr. Emmett L. Jones, of Allegany-Garrett County, moved that the House of Delegates does not approve of the original recommendations in the report regarding the State Department of Health in relation to hospitals and professional qualifications. There was no second to the motion, and therefore it died on the floor. **DR. THOMAS A. CHRISTENSEN THEN MOVED THE RECOMMENDATION OF THE RESOLUTIONS COM-**

MITTEE BE ACCEPTED AND THAT THE MATTER BE REFERRED TO THE COUNCIL. SECONDED BY DR. JAMES T. MARSH, AND CARRIED.

Dr. Campbell stated that the following is quoted from a letter from Dr. Albert E. Goldstein regarding the advisability of assessing each member for the Building Fund:

1. It is very essential that we must have additions and conversions.
2. We have collected in the neighborhood of \$75,000 by voluntary contributions.
3. That the Committee does not object to continue to solicit men who have not been solicited, but that a more equitable manner would be to collect the entire amount by getting every member of the Medical Society to contribute something.
4. It is the suggestion of the Committee to assess active members of the Baltimore City Medical Society \$150.00 and all County members \$100.00. The above to be designated for individuals who are out 5 or more years in practice. Those under 5 years, some amicable arrangement can be made for an assessment for these men.
5. The period of time allotted for this assessment can be determined by the individual himself—over a period of ten years, if necessary, but it may be paid immediately, or next year, or whenever desired.
6. It is absolutely essential to obtain this money, as the renovation and additions must be made or our valuable Faculty Building will be done away with."

The resolutions committee recommends that this discussion be deferred until 1954.

DR. J. ALBERT CHATARD MOVED THAT THE RECOMMENDATION OF THE RESOLUTIONS COMMITTEE BE APPROVED. SECONDED BY DR. JAMES T. MARSH AND CARRIED.

Dr. Campbell said that Dr. Julian S. Lane submitted recommendations regarding accident cases under the State Industrial Accident Commission being given free choice of physicians. The following is quoted from Dr. Lane's letter:

"Some time ago, I spoke to you concerning the question of free choice of physicians by industrial accident cases. I have had a communication relative to the question from the Industrial Accident Commission a few months ago, stating that since the employer and Insurance Carrier pay the costs, they should have the right to designate a physician. The patient may change to another physician if he feels that treatment is inadequate, only, however, after first going to the designated physician; but then the burden of proof that treatment was inadequate is on the patient. Apparently this is the present policy of the Commission. I need hardly say that I am writing because I am heartily opposed to this policy.

"If the employers and carriers paid these costs out of the goodness of their hearts and an abiding love for humanity, I would recognize the validity of the first part of this policy. But the insurance is carried because it is ordered by law for the protection of the injured.

"It has been my observation that patients will not take upon themselves the burden of proof of inadequate treatment, preferring to disclaim industrial liability even after visiting a designated physician in cases of minor injury, and

very anxiously awaiting the paternalistic permission to change physicians in major cases. There is no doubt that the present policy of the Commission produces a great percentage of highly dissatisfied patients. To say the very least, the policy of the Commission disturbs the very basis of patient-physician relationship of private practice.

"It seems to be a most peculiar breach of conviction that in the midst of our opposition to socialized medicine, we should inflict such a contradictory regulation on the industrial public, for there is no doubt that this is socialization. There are examples of progressive states whose lead we have followed in providing voluntary health insurance that do provide free choice of physicians in industrial accident cases; nor is there any doubt that the same insurance companies operating in Maryland pursue their business as eagerly in states like New York for example.

"Therefore, will you request the Delegates to vote on the question of forwarding a recommendation to the Industrial Accident Commission that industrial accident cases be given a free choice of physicians. That the right of free choice of physicians be adequately posted in all areas of industrial activity so that the information shall be made available to all employees. This recommendation shall not be meant in any way to affect the employment on salary by industrial plants of physicians to practice their industrial medicine in offices on the plant premises provided again that the employees are aware of their right to free choice."

THE RESOLUTIONS COMMITTEE SUBMITS AN UNFAVORABLE REPORT. THE COMMITTEE FEELS THAT THE INSURER WHO PAYS THE BILL FOR THE MEDICAL CARE HAS THE RIGHT TO DESIGNATE PHYSICIANS: THIS FACT HAS BEEN ESTABLISHED BY LAW AND THE MEDICAL AND CHIRURGICAL FACULTY HAS NO AUTHORITY TO RULE OTHERWISE.

DR. WILLIAM B. LONG MOVED THAT THE HOUSE OF DELEGATES ACCEPT THE RECOMMENDATION OF THE RESOLUTIONS COMMITTEE OF AN UNFAVORABLE REPORT. THIS WAS SECONDED BY DR. JAMES R. KARNS AND CARRIED.

Dr. Campbell reported that Dr. Wilson Grubb had presented the following resolution:

"Whereas, previous experience has shown that Ocean City, Maryland, has proven to be most successful as a meeting place for the Semiannual Meeting of the Medical and Chirurgical Faculty; and,

"Whereas, repeatedly holding such meetings will create a burden on the local Component Society; be it

"Resolved, That all future Semiannual Meetings of the Medical and Chirurgical Faculty of the State of Maryland be held in Ocean City, Maryland; and be it further

"Resolved, That the responsibility for the arrangements and expenses involved shall not necessarily be that of any Component Society, but will be primarily that of the Committee on Scientific Work and Arrangements of the Medical and Chirurgical Faculty."

THE RESOLUTIONS COMMITTEE SUBMITS A FAVORABLE REPORT PROVIDING THAT IN PARAGRAPH 3 AFTER THE WORDS "OCEAN

CITY, MARYLAND," BE ADDED "UNLESS INVITED BY ANOTHER COUNTY."

DR. THOMAS A. CHRISTENSEN MOVED THAT THE REPORT OF THE RESOLUTIONS COMMITTEE BE ACCEPTED. SECONDED BY DR. JAMES T. MARSH AND CARRIED.

Dr. Campbell brought to the attention of the House of Delegates the following:

As a result of action taken at the April, 1953, meeting of the House of Delegates on a resolution submitted by Dr. Klinefelter, Dr. Conrad Acton, with the approval of Dr. Klinefelter, submitted the following resolution:

"Whereas, the Maryland Chapter of the National Arthritis and Rheumatism Foundation has conducted clinics in 17 of the 23 Counties in the State of Maryland since March, 1952, and

"Whereas, a generous and unstinted service has been rendered to patients and their physicians in these Clinics, therefore,

"Be it resolved, that the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland hereby commends the Maryland Chapter of the National Arthritis and Rheumatism Foundation for its generous and unstinted service to the people of this State."

THE RESOLUTIONS COMMITTEE, ALTHOUGH IT FEELS THAT THE ABOVE ORGANIZATION HAS PERFORMED VALUABLE SERVICES IN OUR STATE, SUBMITS AN UNFAVORABLE REPORT. TO SET A PRECEDENT BY COMMENDING THIS ORGANIZATION WOULD MEAN THAT THE MANY OTHER SIMILAR ORGANIZATIONS THROUGHOUT THE STATE WHO HAVE RENDERED VALUABLE SERVICES SHOULD AND WOULD APPLY FOR SIMILAR COMMENDATION.

DR. HOWARD M. BUBERT MOVED THAT THE RESOLUTIONS COMMITTEE REPORT BE ACCEPTED. SECONDED BY DR. WILSON GRUBB AND CARRIED.

The following and final report for the Resolutions Committee was presented by Dr. Campbell:

"As a result of the report of the Committee for the Better Distribution of Doctors Throughout the State, the Chairman was notified by the Secretary of the Medical and Chirurgical Faculty that if he wished additional action taken regarding his report in April 1953 to the House of Delegates, that Dr. Voshell, the Chairman, and his Committee submit recommendations to the Resolutions Committee.

THE RESOLUTIONS COMMITTEE SUBMITS AN UNFAVORABLE REPORT. NO ACTION HAS BEEN TAKEN BY THE COMMITTEE INVOLVED SINCE THIS MATTER WAS PRESENTED IN ITS PRESENT FORM AT THE LAST MEETING OF THE HOUSE OF DELEGATES.

DR. THOMAS A. CHRISTENSEN MOVED THAT THE RECOMMENDATION OF THE RESOLUTIONS COMMITTEE BE APPROVED, SECONDED BY DR. O. H. BINKLEY AND CARRIED.

There being no new business, the House of Delegates adjourned at 10:55 a.m.

Respectfully submitted,
GEORGE H. YEAGER, M.D., Secretary
EVERETT S. DIGGS, M.D., Assistant Secretary

REPORTS PRESENTED AT SEMIANNUAL MEETING

Committee on Constitution and By-Laws

Mr. President and Members of the House of Delegates:

It will be recalled that at the meeting of the House of Delegates on Tuesday, April 28th of this year at our Annual Meeting in Baltimore, a serious financial situation of the Medical and Chirurgical Faculty was pointed out and the need to obtain an increased income to carry on the important work of the Faculty was emphasized. This Body authorized our President to appoint "a committee of five members to be made up of County and City Delegates to confer with the Committee on Constitution and By-Laws in the study of this problem and to present a realistic solution not less than sixty (60) days before this Semiannual Meeting in 1953."

Dr. Pincoffs, as you know, appointed Dr. W. Oliver McLane, Jr., Chairman of this Special Committee and Dr. Claude W. Mitchell, Dr. Norman E. Sartorius, Jr., Dr. W. Kenneth Mansfield and Dr. Harry F. Klinefelter, Jr. members. On June 9th the Committee on Constitution and By-Laws of the Faculty met with this Special Committee "to render a solution to the question of raising dues for the active members of the State Society."

On July 13th the recommendations of this Committee, and of the Committee on Constitution and By-Laws, were sent to the Component Societies and to the individual delegates. As you all know, our By-Laws may be amended at any Semiannual meeting by a majority vote of all the delegates present at that session, providing the amendment has been sent officially to all the delegates at least thirty (30) days prior to the Semiannual Meeting.

Accordingly, in compliance with a request from the Special Committee appointed by mandate of the House of Delegates by Dr. Pincoffs, your Committee on Constitution and By-Laws submits the following amendments to Chapter II of the By-Laws regarding dues and assessments as pertaining to active members.

Report of the Committee on Constitution and By-Laws of the Medical and Chirurgical Faculty to the House of Delegates, Semiannual Meeting, October 6, 1953

Amendments to By-Laws*

CHAPTER II—Dues and Assessments. (See page 404.)

Section 1. *Active Members.* Funds shall be raised by per capita dues to be paid by every member of the component societies. The amount of the dues shall be \$20.00 per capita per annum for active members in the County Societies and \$35.00 for active members of the Baltimore City Medical Society, with the following exceptions:

a. In the County Medical Societies AMEND \$20.00

* Amendments appear in capital letters in the margin.

the following rates shall prevail: for the first year in private practice the dues shall be \$10.00 per annum; for the second year, \$15.00; and the third year and thereafter, \$20.00.

b. In the Baltimore City Medical Society the following rate shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$35.00.

c. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50.

d. The dues of a licensed physician in Maryland who holds an academic position on a full time salary basis, other than as a fellow or house officer, shall be \$15.00 per annum during the first five years of his academic position. (See page 405.)

Such per capita assessment is to be included in annual dues of the individual member as paid to his component society; and any member paying dues in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provision of Physicians' Defense. (See page 405.) It is to be hoped that our membership has found time to read Faculty Facts and the Financial Statement of the Faculty in the June and August issues of The Journal. It is essential that the Faculty's income be increased.

These amendments are respectfully submitted by

A. AUSTIN PEARRE, M.D., *Chairman*
E. COWLES ANDRUS, M.D.
DONALD HOOKER, M.D.
W. HUSTON TOULSON, M.D.

Report on Payment of Assessment

Mr. President and Members of the House of Delegates:

At the Annual Meeting in April, 1953, the House of Delegates imposed an assessment of \$10.00 on every full dues paying member of the Faculty to relieve the financial astringency for the fiscal year 1953. The assessment was due and payable on July 1, 1953.

TO READ
\$30.00

AMEND \$35.00
TO READ
\$50.00

THIS SECTION
TO BE
DELETED

AMEND
"assessment is"
TO READ
"DUES ARE"

In accordance with this mandate, bills were forwarded to the members subject to the assessment in June, 1953, together with a covering letter, signed by the Executive Committee of the Council, explaining the need for increased revenue.

To this date, October 6, 1953, collections are as follows:

<i>Subject to Assessment</i>	
Baltimore City Members.....	1069
County Members.....	820
<hr/>	
	1889
<i>Paid</i>	
Baltimore City Members, 824 or 77%	
County Members, 606 or 73%	
Baltimore City Members paid.....	824
County Members paid.....	606
<hr/>	
Total paid.....	1430 or 75%

(See page 405)

Respectfully submitted,
WALTER N. KIRKMAN, *Director*

Report of the Committee on Veterans' Medical Care

Mr. President and Members of the House of Delegates:

The Committee on Veterans' Medical Care, of which I am the Chairman, has recently been exploring particularly the medical care of non-service-connected disabilities of veterans. We might start with reviewing historically this service to veterans.

In 1917 the Congress passed the first law providing for the care of veterans who were disabled as a result of injury or sickness while on active duty. In 1923 because of the inadequacy of tuberculosis and neuropsychiatric facilities, non-service-connected disabilities were permitted to use Government facilities. In 1926 another Bill was passed permitting any non-service-connected disability to use veterans' facilities providing beds were available. In 1933, the 1926 law was repealed and a Pauper's Oath was inserted for the use of non-service-connected disabilities. At the present time there are about one hundred sixteen thousand (116,000) veterans' beds, and because of the increasing non-service-connected veterans using these facilities there is a shortage of beds. Recently before a Congressional Investigating Committee it was found that 350 cases had incomes of between \$4,000 and \$50,000 per year. It has also been shown that approximately 80% of the patients in veterans hospitals are non-service-connected. Actually twenty-one million (21,000,000) veterans under the

present law, providing the Pauper's Oath is not honored, are eligible for the veterans' care. To go one step further, if the wives of these veterans were added, forty-two million (42,000,000) people would be eligible for veterans' care. Then carrying this still one step further by adding 2½ children per couple, we would have one hundred million (100,000,000) people eligible for free medical care.

After all this is nothing but socialized medicine sneaking in through the back door. If the American people want socialized medicine they should be permitted to vote on the subject and not have it thrust upon them without their knowledge. Lenin is supposed to have once said that socialized medicine is the key stone in the arch of socialism. It is true that the doctors are among the most individualistic group in the Country, and each doctor has many hundreds of patients who will listen seriously to his views.

I believe that most doctors are against this creeping socialism and your Committee will attempt to obtain all the facts and transmit them to the medical profession of the State.

Your Committee would like instructions as to whether you would sanction in principle its investigating the three veterans hospitals in this State as to the percentage of service and non-service-connected medical care.

Your Committee hopes that this House of Delegates will sanction the action of the House of Delegates of the American Medical Association at its meeting in New York in June 1953 as it expects to work in cooperation with the A.M.A. Committee on Federal Medical Services of the Council on Medical Service.

Respectfully submitted,
RALPH G. HILLS, M.D., *Chairman*
ERNEST I. CORNBROOKS, JR., M.D.
RAYMOND M. CURTIS, M.D.
R. WALTER GRAHAM, JR., M.D.
HARRY C. HULL, M.D.

Report of the Resolutions Committee

Mr. President and Members of the House of Delegates:

This Committee has reviewed the resolutions, etc. referred to it since the last meeting of the House of Delegates in April 1953, and recommends the action as given in our report. See House of Delegate meeting October 6, 1953, as entire report is quoted in the minutes, pages 404-407.

Respectfully submitted,
ROBERT V. L. CAMPBELL, M.D., *Chairman Pro Tem*
WILLIAM D. NOBLE, M.D., *Chairman*
CHARLES R. AUSTRIAN, M.D.
F. FORD LOKER, M.D.
M. C. PORTERFIELD, M.D.

For complete Semiannual Meeting program see pages 439-444 and also September 1954 Maryland State Medical Journal for Addresses by Dr. J. W. Bird and Dr. Leonard A. Scheele, Surgeon General

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ANNUAL MEETING HOUSE OF DELEGATES

*Deutsches Haus, Second Floor Auditorium, 1212 Cathedral Street,
Baltimore*

SPECIAL SESSION¹

Monday, April 26, 1954, 10:00 a.m.

The 208th Special Session meeting of the House of Delegates was called to order by the President, Dr. Bender B. Kneisley, presiding, at 10:00 a.m., in the Deutsches Haus, 1212 Cathedral Street, Baltimore, Maryland, on Monday, April 26, 1954.

The following members registered: Doctors Conrad Acton, Warde B. Allan, E. Cowles Andrus, Philibert Artigiani, Charles R. Austrian, John W. Barnaby, Jr., J. W. Bird, A. Talbott Brice, Howard M. Bubert, Theodore R. Shrop, Read N. Calvert, Robert V. Campbell, H. A. Cantwell, J. Albert Chatard, Thomas A. Christensen, John N. Classen, Melvin B. Davis, Everett S. Diggs, Monte Edwards, John S. Fenby, Whitmer B. Firor, Joseph E. Gill, Francis W. Gluck, Wilson Grubb, Jacob C. Handelsman, I. Rivers Hanson, John M. Haws, Gustav Highstein, Harry C. Hull, Marius P. Johnson, George S. M. Kieffer, H. F. Kinnaman, Harry F. Klinefelter, Jr., E. H. Kloman, Bender B. Kneisley, Louis Krause, William B. Long, G. William Martin, Charlotte McCarthy, W. O. McLane, Randall McLaughlin, Claude W. Mitchell, Zachariah E. Morgan, Frank K. Morris, Waldo B. Moyers, S. Edwin Muller, Edmund R. Novak, Charles F. O'Donnell, Thomas R. O'Rourk, Frank J. Otenasek, A. Austin Pearre, Leslie H. Pierce, Maurice C. Pincoffs, Samuel T. R. Revell, Jr., Richard C. Norment, III, Milton S. Sacks, John E. Savage, Louis R. Schoolman, Clifford E. Schott, Richard T. Shackelford, W. Glenn Speicher, James G. Stegmaier, W. Kennedy Waller, William W. Welsh, A. F. Whitsitt, George C. Coulbourn, Palmer F. G. Williams, Walter D. Wise, Theodore E. Woodward.

Dr. M. C. Pincoffs was given the floor and presented to Dr. Kneisley the gavel as "a symbol of the authority that the Faculty has vested in you as President, . . . and it is also a token of the esteem in which you are held." After thanking Dr. Pincoffs and the Society, Dr. Kneisley made the routine announcements concerning registration, privileges of the floor, etc.

The minutes of the previous Semiannual Meeting had been distributed by mail and on motion by Dr. T. A. Christensen, seconded by Dr. Pincoffs, these minutes were approved as mimeographed and circulated.

¹ Key for minutes:

Recommendations and Resolutions are printed in italics.

Motions are printed in "caps" and "small caps."

Action of Resolutions Committee are printed in large italics.

Amendments to Constitution and By-Laws are printed in "caps."

The reports of Officers and Committees were then discussed by the delegates.

UPON MOTION OF DR. C. W. MITCHELL, THE DELEGATES ELECTED TO APPROVE ALL REPORTS AS WRITTEN AND CIRCULATED AS A WHOLE WITH THE EXCEPTION OF THOSE WHICH CARRY RECOMMENDATIONS.

Dr. J. A. Chatard gave a brief review of the financial status of the Faculty and particularly emphasized the summary which has been sent to all members as an enclosure entitled "Fiscal Facts." (See pages 421-429.) He emphasized the inestimable value of the Maryland State Medical Journal and pointed out the comparatively small cost as detailed in "Fiscal Facts." As this report carried no recommendation it had already received approval by the delegates.

Council. (See pages 430-432.) Dr. E. C. Andrus, as Chairman of the Council, reported for the period of January 1, 1954, to the date of this Annual Meeting. He first MOVED THAT EMERITUS MEMBERSHIP BE GIVEN TO THE FOLLOWING:

BALTIMORE CITY:

DR. FRANK J. AYD

DR. E. W. BRIDGMAN

DR. JOHN M. T. FINNEY, JR.

DR. WALTER E. GREMPLER

DR. EUGENE H. HAYWARD

DR. KENNETH D. LEGGE

DR. WILLIAM B. SCHAPIRO

DR. HERBERT SCHOENRICH

DR. EDWARD P. SMITH

DR. WILLIAM KELSO WHITE

BALTIMORE COUNTY:

DR. WILLIAM A. BRIDGES

QUEEN ANNE'S COUNTY:

DR. NORMAN S. DUDLEY

THIS WAS SECONDED BY DR. W. B. MOYERS AND CARRIED. Dr. Andrus pointed out that the Council and the Executive Committee have had two outstanding problems:

1. The change in the Constitution and By-Laws which states that in order to be eligible for benefits of Physicians' Defense, a member must be in good standing at the time of suit and at the time of the alleged act of malpractice. There have been some instances in which the alleged act of malpractice occurred before 1952,—the year in which this change of the Constitution and By-Laws was approved. The Council has been handling such cases on the basis that a member should not be considered ineligible for defense solely because an act which has been alleged to have been committed occurred prior to this change of eligibility. For example: If a member is alleged to have been ineligible in 1945 and the charge occurred in 1953, it is probable that he would be considered eligible for defense as his standing in the Society was satisfactory at the time suit was brought,

and the change in Constitution and By-Laws occurred after the year of alleged malpractice.

2. This problem is also related to eligibility for defense. The accounting practices in the constituent societies have at times been inadequate so that it has been impossible to determine accurately the exact date of payment of the dues by a member and therefore, in these instances, the eligibility of said member for defense. The delegates are requested to convey to their constituent societies these difficulties and to request that some improvement of the accounting practices be made.

Committee on Scientific Work and Arrangements. (See page 439.) Dr. Beverley C. Compton reported for the Committee on Scientific Work and Arrangements and

MOVED THAT THE FOLLOWING BE APPROVED:

THE CONSTITUTION AND BY-LAWS OF THE MEDICAL AND CHIRURGICAL FACULTY PROVIDES FOR THE ELECTION OF A COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS CONSISTING OF THREE MEMBERS. OUR COMMITTEE WISHES TO MAKE A RECOMMENDATION WHICH MAY BE USED FOR A TRIAL PERIOD, AND THEREFORE SUGGESTS THAT IF THIS PROCEDURE IS ADOPTED BY THE HOUSE OF DELEGATES THAT IT BE REFERRED TO THE NOMINATING COMMITTEE TO MAKE ITS SELECTION ACCORDING TO THIS METHOD. THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS RECOMMENDS THAT ONE NEW MEMBER BE APPOINTED TO IT EACH YEAR, AND THEREFORE, EACH MEMBER WOULD SERVE FOR A PERIOD OF THREE YEARS. AFTER TWO YEARS OF SERVICE, THE SENIOR MEMBER WOULD AUTOMATICALLY BECOME THE CHAIRMAN FOR A PERIOD OF ONE YEAR ONLY, THEREBY ROTATING THE CHAIRMANSHIP.

THIS WAS SECONDED BY DR. R. N. CALVERT AND CARRIED UNANIMOUSLY.

Dr. Pincoffs requested the floor and MOVED THAT IN VIEW OF DR. COMPTON'S RETIREMENT AS CHAIRMAN ON THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS THAT THE HOUSE OF DELEGATES THANK HIM AND HIS COMMITTEE OF DOCTORS WILLIAM L. GARLICK AND EDWIN H. STEWART, JR., FOR THEIR LONG SERVICE ON THIS COMMITTEE AND THE TIME THEY HAVE DEVOTED TO GIVING US GOOD PROGRAMS. SECONDED BY DR. HOWARD M. BUBERT AND CARRIED.

Scientific Speakers Bureau. (See page 460.) Dr. Compton also reported at this time for the Scientific Speakers Bureau of which he is the Chairman. He requested that the delegates bring it to the attention of the component societies that he would appreciate each society submitting to him suggestions for topics and speakers. A revised list of speakers and subjects can then be made available to the component societies.

Diabetes Detection Committee. (See pages 449-450.) The following recommendation of the Diabetic Detection Committee was read by the Secretary:

The activity and scope of this committee has grown year by year and it is now felt that more assistance from the faculty in the way of clerical help and financial aid should be forthcoming if it is desired that this work continue.

ON MOTION OF DR. MOYERS, SECONDED BY DR. M. B.

DAVIS, THIS RECOMMENDATION WAS REFERRED TO THE COUNCIL FOR CONSIDERATION AND ACTION.

Maternal and Child Welfare Committee. (See pages 452-453.) The recommendations from the Committee on Maternal and Child Welfare were read by the Secretary. The first recommendation from the Maternal Section is as follows:

As for specific recommendation, the committee requests that all hospitals in the state, either individually or in a group obtain a supply of "fibrinogen" for use in those occasional cases of afibrinogenemia, more or less peculiar to pregnancy. This product can be life-saving if available and used properly. While moderately expensive, the cost is not prohibitive and the occasion for its use is rare. At the same time that the procurement of this product is urged, the Committee feels that a word of caution is needed to the effect that it can easily be abused, and administered in non-indicated cases. A definite diagnosis of hypofibrinogenemia or afibrinogenemia should first be established.

DR. E. H. KLOMAN MOVED THAT THIS RECOMMENDATION BE ACCEPTED, SECONDED BY DR. FRANK K. MORRIS AND CARRIED.

The second recommendation, which was that of the Pediatric Section is as follows:

The pediatric section also requested that the joint committee urge that Blue Cross coverage be extended to include premature infants. The pediatric section has been advocating this for some time and now urged that both sections collaborate in again bringing this to the attention of the Blue Cross officials.

DR. W. W. WELSH MOVED THAT THIS RECOMMENDATION BE ACCEPTED, SECONDED BY DR. H. F. KLINEFELTER, JR., AND CARRIED.

National Emergency Medical Service. (See pages 455-456.) Dr. John M. Welch, representing Dr. Robert H. Riley, Chairman of the National Emergency Medical Service Committee, read the report with the following recommendations:

It is proposed that the House of Delegates approve the following recommendation to be sent to the president of each county and city medical society of the state:

"In order that the physicians of the state may be kept abreast of current medical progress in Civil Defense and brought up to date relative to their expected role in this program, it is recommended that each of the local societies of this faculty devote, wholly or in part, one of its scheduled meetings during the coming year to the subject of 'The Medical Aspects of Civil Defense.'"

IT WAS MOVED BY DR. G. S. M. KIEFFER, SECONDED BY DR. R. T. SHACKELFORD, THAT THE RECOMMENDATION BE APPROVED. THE MOTION WAS CARRIED.

Tuberculosis Committee. (See page 461.) In the absence of Dr. L. M. Serra, Dr. Otto C. Brantigan gave the report for the Tuberculosis Committee and discussed with the delegates the details of the recommendations. The following action was taken:

Recommendation 1. It is recommended that there be equal opportunity for participation by our two medical schools in the total program of the state tuberculosis hospitals including medical and surgical aspects.

IT WAS MOVED BY DR. W. W. WELSH THAT THE RECOMMENDATION BE ACCEPTED, SECONDED AND CARRIED.

Recommendation 2. It is recommended that a study be made of possibilities for surgical resident physicians of interested state general hospitals to obtain training in thoracic surgery at Mt. Wilson Hospital, chest surgical center of state tuberculosis hospitals.

Dr. Shackelford inquired as to what was meant by the term "interested state general hospitals" to which Dr. Brantigan replied that the intent of the Committee was that this be any private hospital in Baltimore or anywhere in the State and it does not necessarily mean State-controlled hospitals. Dr. Pincoffs pointed out that he felt that the wording of this recommendation implies that the Medical and Chirurgical Faculty has control of these hospitals and that the Faculty would make the study. Actually, the Faculty will express to the State Department of Health the desirability of this recommendation and request that the State Board of Health make a study of the recommendation. THIS RECOMMENDATION ON MOTION OF DR. SHACKELFORD, SECONDED BY DR. PINCOFFS, WAS CARRIED.

Recommendation 3. It is recommended that hospital beds in all tuberculosis hospitals of the state be available to patients regardless of color. This will promote rapid abolition of our waiting lists.

IT WAS MOVED BY DR. I. RIVERS HANSON, SECONDED BY DR. ANDRUS, THAT THIS RECOMMENDATION BE APPROVED.

Recommendation 4. Cases of "open" tuberculosis who refuse isolation create a serious problem. It is recommended that there be a consideration for legal regulations concerning treatment and hospitalization of cases of tuberculosis who are in a communicable state and considered a "public menace."

Dr. Moyers asked if there was at present a law on the statutes concerning the treatment and hospitalization of open cases of tuberculosis. Dr. Brantigan replied that their investigations failed to find a law which would cover this situation, but it was the intent of the Committee to call attention to the fact that generally such laws are not enforced unless there is some means of actually bringing about adequate treatment. He felt there should be some sort of pressure brought about to remove open cases of tuberculosis. DR. MOYERS MOVED THAT THE RECOMMENDATION BE ADOPTED. SECONDED AND CARRIED.

Recommendation 5. It is recommended that there be routine chest x-rays of all hospital and institutional admissions.

Extension of present case-finding procedures should be encouraged.

After questions from the floor, Dr. Brantigan stated that the word "extension" was meant to be very broad and would include such places as the jails, nursing homes, etc., and would also include any place where you would expect to find people housed in close quarters with other individuals. The recommendation is also to apply to every hospital. The initial vote of the delegates on the recommendation was unsettled, and the President asked for a rising vote. THE MOTION WAS CARRIED BY A VOTE OF 31 IN FAVOR OF THE RECOMMENDATION TO 22 OPPOSED TO IT.

Recommendation 6. It is recommended that a similar pattern be urged for other component units of the society to include arrangements with clinics of Baltimore City Health Department, Maryland State Health Department, as well as those of the Maryland Tuberculosis Association.

Upon request Dr. Brantigan clarified the recommendation as follows: A procedure similar to that in effect in Baltimore County is urged for other component units of the Society, such procedure to include arrangements with clinics of Baltimore City Health Department, Maryland State Health Department as well as those of the Maryland Tuberculosis Association. UPON MOTION OF DR. I. RIVERS HANSON, SECONDED BY DR. O'DONNELL, THE RECOMMENDATION AS CLARIFIED BY DR. BRANTIGAN WAS APPROVED.

Board of Medical Examiners of Maryland. (See pages 418, 434, 435.) Dr. E. H. Kloman reported for the Board of Medical Examiners and brought to the attention of the delegates the necessity of changing the Medical Practice Act because of the use of the term "Maryland State Homeopathic Medical Society" in the Act when that Board which is elected by said group no longer exists.

Dr. Kloman also stated that he would like to have consideration given to the insertion into this Act the payment of an annual registration fee by doctors in the State. He further stated that he felt that an increase of the fee for taking the examination would be necessary as there is not a sufficient amount of money obtained from fees to run the Board of Medical Examiners.

Committee on Veterans' Medical Care. (See pages 461-462.) Dr. Ralph G. Hills reported for the Committee on Medical Care of Veterans and pointed out changes which are taking place in connection with the treatment of patients with service-connected disabilities. He had copies of the Tennessee Plan for distribution which he suggested that all members read and call to the attention of their component societies.

Committee for Better Distribution of Doctors Throughout the State. (See page 462.) In the absence of Dr. Allen F. Voshell, the Secretary read the report for the Committee for Better Distribution of Doctors Throughout the State. The following are the recommendations:

1. *That some person in the executive or administrative branch of the faculty be assigned (or employed) to act as director of the services incident to the committee.*
2. *That the committee for the better distribution of doctors in the State of Maryland be assigned to an advisory status for the director.*
3. *That sufficient funds be budgeted to carry out the proper and necessary function of the above services.*

No action was taken.

Committee for the Study of Certain Phases of Medical Economics. Dr. W. B. Moyers reported for the Committee for the Study of Certain Phases of Medical Economics, giving the background of the formation of what the Committee had attempted to do on the State level, and what bills are in Congress which would seem to take care of the problem on a National level if approved. He requested that his Committee be discharged since local action no longer seems to be necessary. IT WAS MOVED BY DR. W. W. WELSH, SECONDED BY

DR. R. N. CALVERT, THAT THIS COMMITTEE BE DISCHARGED, WITH THE APPRECIATION OF THE FACULTY FOR ITS WORK. THIS WAS CARRIED.

Committee to Study Availability of Prepayment Insurance in Rural Areas. (See pages 463-464.) The Secretary, in the absence of Dr. George McLean, presented the report for the Committee to Study Availability of Prepayment Insurance in Rural Areas. This Committee has two projects. (1) To investigate means whereby some type of prepayment insurance, particularly of Blue Cross type, could be made available to the rural areas. (2) To try to work out some means of easing the difficulty that both patients and physicians have in collecting from some of the insurance companies. *Dr. McLean states in his report that a nationwide survey is now being made and he asked for a continuation of his Committee so that it may have the benefit of this survey for a later report.* DR. T. A. CHRISTENSEN MOVED THAT THE REPORT OF THE COMMITTEE AND ITS CONTINUATION BE APPROVED. SECONDED BY DR. W. W. WELSH, AND CARRIED.

The Secretary reported to the House of Delegates a summary of the business to come before the House of Delegates at the afternoon session and pointed out that the complete reports of the officers, committees, etc., would be published as a part of the Transactions in the August issue of the Maryland State Medical Journal.

On motion of Dr. Andrus, seconded and carried, the meeting adjourned at 11:50 a.m.

Respectfully submitted,
EVERETT S. DIGGS, M.D., *Secretary*

FIRST SESSION

Monday, April 26, 1954, 2:00 p.m.

The 209th meeting, of the House of Delegates, First Session, was called to order at 2:00 p.m., in the Deutsches Haus, 1212 Cathedral Street, Baltimore, Maryland, on Monday, April 26, 1954, by the President, Dr. Bender B. Kneisley, presiding.

The following members registered: Drs. Conrad Acton, Warde B. Allen, E. Cowles Andrus, Charles R. Austrian, John W. Barnaby, Jr., J. W. Bird, Howard M. Bubert, Read N. Calvert, Robert V. Campbell, H. A. Cantwell, J. Albert Chatard, Thomas A. Christensen, John N. Classen, Katherine V. Kemp, Melvin B. Davis, Everett S. Diggs, Monte Edwards, John S. Fenby, Whitmer B. Firor, Wetherbee Fort, Joseph E. Gill, Francis W. Gluck, Wilson Grubb, Jacob C. Handelman, I. Rivers Hanson, John M. Haws, Gustav Highstein, Marius P. Johnson, George S. M. Kieffer, H. F. Kinnaman, Harry F. Klinefelter, Jr., Bender B. Kneisley, William B. Long, G. William Martin, Charlotte McCarthy, W. O. McLane, Randall McLaughlin, Claude W. Mitchell, Zachariah R. Morgan, Frank K. Morris, Waldo B. Moyers, S. Edwin Muller, Edmund R. Novak, Charles F. O'Donnell, A. Austin Pearre, Leslie H. Pierce, Ross Z. Pierpont, Maurice C. Pincoffs, M. C. Porterfield, Samuel T. R. Revell, Jr., Otto C. Brantigan, Richard C. Norment, III, Milton S. Sacks, Louis R. Schoolman, Clifford E. Schott, Richard T. Shackelford, W. Glenn Speicher, James C. Steg-

maier, William W. Welsh, A. F. Whitsitt, Arthur O. Woody, Theodore E. Woodward.

Dr. Kneisley made announcements regarding registration, presentation of motions in writing, identification of delegate by announcement of name and component medical society when addressing the House, etc., and stated that this meeting will open with new business as there is no old business held over from the morning session.

Dr. Kneisley called on Dr. A. A. Pearre, the Chairman of the Committee on Constitution and By-Laws, to present his report. Dr. Pearre announced that a copy of the Constitution and By-Laws, which covers through October 1953, had been distributed for every member. He stated that the following amendments (indicated by capital letters) to the Constitution had been presented to this body and approved on April 28, 1953, but in conformity with the Constitution had to lie on the table for one year before final action could be taken. These amendments had been mailed officially to each Component Society on February 25, 1954. (See pages 448-449.)

ARTICLE V—House of Delegates

Section 2.

The House of Delegates shall consist of (1) delegates elected by the component societies, each component society being entitled to elect one delegate for each 50 active members in good standing, or major fraction thereof; provided each component society shall be entitled to elect at least one delegate; (2) the membership of the Council; (3) ex-officio, the President, the incoming President, the immediate Past President, the Chairman of the Library Committee, the delegates to the House of Delegates of the American Medical Association; and (4) one member elected by the State Board of Medical Examiners.

Amendment:

Delete: (3) EX-OFFICIO, THE PRESIDENT, THE INCOMING PRESIDENT, THE IMMEDIATE PAST PRESIDENT, THE CHAIRMAN OF THE LIBRARY COMMITTEE, THE DELEGATES TO THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION: AND

Change: Number (4) to read (3)

Explanation: This Section has been deleted on recommendation of the Council as ARTICLE VI, Section 2, contains this information. Take note, in this Section, that the following has not been amended: "one member elected by the State Board of Medical Examiners."

ARTICLE VI—Council

Section 2.

The Council shall consist of (1) fifteen Councilors; and (2) the President, the immediate Past President, the President-elect, the Secretary, the Treasurer, and the Chairman of the Library Committee, and Delegates to the American Medical Association House of Delegates, AND CHAIRMAN OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS.

Amendment:

Delete: AND (after Treasurer)
AND (after Committee)

ARTICLE VII—Officers

Section 3.

All officers, except Councilors, shall serve a term of one (1) year. The term of the Councilors shall be for three (3) years from the date of their installation into office, PROVIDED HOWEVER THAT NO COUNCILOR MAY SERVE MORE THAN TWO (2) CONSECUTIVE ELECTED TERMS.

Explanation: The Resolution presented and adopted by the House of Delegates September 1952, regarding terms of Councilors, will be recalled. "Be it Resolved that the Baltimore County Medical Association recommends that the elected members of the Council of the Medical and Chirurgical Faculty of the State of Maryland be limited to two (2) consecutive terms."

(Presented and approved, Wednesday, April 29, 1953.)

ARTICLE VIII—Sessions and Meetings

Section 2.

Special meetings of either the Faculty or the House of Delegates may be called by the President or on petition of 10 delegates or 20 members respectively.

Amendment:

Change: Figure "20" to read: "50"

Explanation: At present, the membership is approximately 2,451, and there are approximately 79 members of the House of Delegates. Our Committee called attention to ARTICLE VIII, Section 2, pertaining to Sessions and Meetings and questioned whether twenty (20) members is not too small a number to petition for special meetings of either the Faculty or the House of Delegates, in view of the growth of the Medical and Chirurgical Faculty, and recommended that the figure be changed to fifty (50).

For your information: The method of adoption is quoted from the Constitution—"ARTICLE XIV—Amendments. The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken."

DR. KNEISLEY CALLED FOR A VOTE ON THE ABOVE AMENDMENTS TO THE CONSTITUTION AND ON MOTION OF DR. H. M. BUBERT THAT THE CHANGES MADE IN THE CONSTITUTION BE ACCEPTED, SECONDED BY DR. M. C. PORTERFIELD, THESE AMENDMENTS WERE UNANIMOUSLY ADOPTED.

Dr. Pearre presented the following amendment, (in capitals) which is the result of the study made by a special committee appointed by Dr. M. C. Pincoffs, then President, in November 1953. (See pages 405, 448, 449.)

The By-Law reads at present:

The dues of a licensed physician in Maryland who holds an academic position on a full time salary basis, other than as a fellow or house officer, shall be \$15.00 per annum during the first five years of his academic position.

It is proposed that this section be amended to read as follows:

THE DUES OF A LICENSED PHYSICIAN IN MARYLAND WHO HOLDS AN ACADEMIC POSITION ON A STRICT FULL TIME SALARY BASIS, OTHER THAN AS A FELLOW OR HOUSE OFFICER, SHALL BE \$10.00 PER ANNUM AS LONG AS HE HOLDS A RANK BELOW THAT OF AN ASSOCIATE PROFESSOR.

Dr. Pearre read the justifications by Dr. Palmer H. Futcher and his Committee for such an amendment:

Justifications: With rare exceptions, the maximum professional income of full time teachers referred to in this section, as amended is \$8,500; the salaries of many are considerably less than this figure. These men graduated from medical school five years or more ago. Some of these young men remain in full time academic positions for the full course of their professional careers; hence, the maximum income to which they can look forward is not as high as that of many men engaged predominantly in private practice.

Our suggested specification of the specific rank below "Associate Professor" clears up former ambiguity implicit in "during the first five years of his academic position."

Twenty members of the clinical faculty at Hopkins and nine at Maryland fall into the category covered by the amendment. Twenty-two of the twenty-nine now hold some form of membership in the State Society. Thus the group involved is small, relative to the total membership of 2600 in the State Society. It is important that the Faculty assure participation by these men in the activities of their Medical Society. This group contributes to the state and local societies by participation in their meetings, where they present data on recent advances in scientific medicine. Further, since these men are active teachers, it is important that their liaison with the problems of a wide group of practitioners be close. Encouragement of membership in the societies and participation in their various activities will promote this liaison.

The proposed dues are nominal, being \$10.00 for the men in this category. The balance between this amount and the full dues will actually be contributed by the much larger group of members of the State Society, who pay full dues. It is contemplated that the members of the Society will appreciate that, in offering this group of teachers full membership for \$10.00, they are in fact, making a contribution to the State's two medical schools. For, by maintaining the dues at a nominal level, they will contribute to maintaining the personal professional expenses of this group of young men at a low level, thereby rendering more attractive to young men these important teaching positions in the schools and assisting the recruitment of men for these positions.

Dr. Pearre informed the House that in conformity with the By-Laws final action will be taken by this body on this amendment, if approved, on Wednesday morning, April 28, 1954 meeting.

The question was asked whether these physicians had to take the State Board examinations. Dr. Kneisley stated that the physicians in this group are active members and only

licensure is necessary for active membership. The dues are less for this special category.

DR. HARRY F. KLINEFELTER, JR., MOVED THAT THE RECOMMENDATION BE ACCEPTED, SECONDED BY DR. JOHN M. HAWS AND CARRIED.

Dr. Pearre requested comments and authorization for his Committee to have instructions or approval from the House of Delegates to have the Constitution and By-Laws of the Faculty reviewed from the standpoint of clarification and pure English but in no way to change the effect of the Constitution. His Committee would want the privilege of having the assistance of members of the Faculty, whom Dr. Pearre felt were better versed than he along these lines.

Dr. Pearre answered Dr. Acton's suggestion for a parliamentarian, that to have one in such an official capacity would be helpful. No definitive action was taken by the House on Dr. Pearre's request.

Resolutions Committee

Dr. Robert V. Campbell, Chairman of the Resolutions Committee made his report.

Resolution I.

Resolved that whereas the Medical and Chirurgical Faculty of Maryland building is in need of remodeling and additional space for meeting rooms and its library, together with the necessity of refurbishing and refurbishing its quarters, and whereas a number of the city and county members have voluntarily pledged sums of money to the extent of approximately \$80,000 and, whereas an additional sum of money amounting to \$220,000 or more is necessary, be it resolved that an amount of money should be contributed in the form of an assessment by each member of the Medical and Chirurgical Faculty.

The assessment should be arranged in the following manner.

1. *All members of the City and State Medical Society should be assessed an amount of \$150.*
2. *All members of the County and State Medical Society should be assessed an amount of \$100.*

Members who have already pledged an amount equal to the above as the case may be should be exempt from any assessment excepting in those cases where the amount pledged is not equal to the above mentioned amounts, then assessments should be for only the difference.

Assessments should be made at the rate of \$10 per year until the full amount is paid. Should any member desire to pay larger amounts in any one year he may have this privilege.

THE RESOLUTIONS COMMITTEE FELT THAT THIS RESOLUTION IS OF SUCH IMPORT THAT IT SHOULD BE ACTED UPON WITHOUT PREJUDICIAL DECISION BY SAID COMMITTEE.

Dr. Whitmer B. Firor stated that at the meeting of the Resolutions Committee, it was suggested that line 2, paragraph 3, which at present reads:

Members who have already pledged an amount equal to the above as the case may be should be exempt from any assessment excepting in those cases, etc., etc., should have the word any changed to *THIS*.

This recommendation was acceptable to Dr. Goldstein.

Dr. Kneisley asked Dr. Goldstein to discuss his recommendation and to answer questions presented by the delegates. Dr. Goldstein pointed out that if there is to be a new building or an annex to the old one, a more definite program for collecting the funds must be found and if over a period of years this money can be collected on an assured basis, it may be possible to obtain a loan and start with the building.

Doctors R. B. Norment, G. S. M. Kieffer, H. F. Klinefelter, Jr., R. T. Shackelford, W. O. McLane, Jr., J. C. Handelsman, Conrad Acton, asked questions and discussed the following: Whether the method of collection should be included with dues as an assessment; whether the younger doctors just entering practice should immediately start payments; if one were ill, or deceased, if estate would be liable for complete amount; should academic members, etc., who have reduced rate of dues, pay full pledge; and would those who later become members have to pay a full ten years.

In brief, Dr. Goldstein said he would leave it to the delegates as to the method of collection for the various groups but he felt that academic members, etc., should be assessed like all others; that in case of illness, etc., it was not necessary to complete payments; that the idea had been to assess only to time of complete amortization, but if newly elected members continue to pay for ten years, it would increase the treasury towards upkeep of the building.

DR. HARRY C. HULL MOVED THAT THE RESOLUTION BE ACCEPTED, SECONDED BY DR. MONTE EDWARDS.

Dr. W. B. Moyers, representing the Prince George's County Medical Society, made an impressive talk for his Society urging that the delegates consider the necessity of a strong State Society, calling attention to the support and help that a Component or individual receives from the Medical and Chirurgical Faculty and recommended that it not be an assessment but the wording be changed to DUES.

This was seconded by Dr. T. A. Christensen.

Doctors J. A. Chatard, E. S. Diggs, Monte Edwards, H. M. Bubert, M. C. Pincoffs, A. E. Goldstein, E. C. Andrus, L. R. Schoolman, M. P. Johnson and Mr. W. N. Kirkman discussed the advantages and disadvantages of having the building fund made available through the collection of "assessments" or "dues."

Dr. Kneisley stated that the motion before the House, as presented by Dr. Moyers, is that the resolution be amended so that the ten dollar increase be obtained on the basis of increased annual dues for each member.

The motion of the Prince George's County Medical Society to amend the resolution was defeated.

THE ORIGINAL MOTION OF DR. HARRY C. HULL, THAT THE RESOLUTION AS PRESENTED BE ACCEPTED, WHICH HAD BEEN SECONDED, WAS UNANIMOUSLY CARRIED.

The Secretary asked Dr. Goldstein if he would like specific instructions from the House of Delegates regarding assessment of new members. This elicited discussion by Dr. Conrad Acton who moved that the assessment should terminate at the end of the tenth year, and that for new members their assessment would begin after three years in the Society. This was seconded.

Dr. M. C. Pincoffs and Dr. M. P. Johnson amended Dr.

Acton's motion that the assessment shall cease after 1969 in the case of Baltimore City members and 1964 in the case of County members. This would mean an assessment of ten dollars a year for ten years for County members, and ten dollars a year for fifteen years for the City members. Dr. Andrus pointed out that Dr. Acton referred to the first three years of membership and the Constitution and By-Laws states dues apply to first three years in practice.

DR. ACTON REWORDED HIS MOTION, WHICH HAD BEEN SECONDED, THAT THE COLLECTION OF THIS ASSESSMENT SHALL NOT BEGIN UNTIL AFTER THE DOCTOR HAS BEEN IN PRACTICE FOR THREE YEARS. IF HE BECOMES A MEMBER AFTER HE HAS BEEN IN PRACTICE THREE YEARS, THE ASSESSMENT SHOULD BEGIN WHEN HE BECOMES A MEMBER. UNANIMOUSLY CARRIED.

DR. M. P. JOHNSON MOVED THAT THIS ASSESSMENT NOT BE LEVIED ON BALTIMORE CITY MEMBERS AFTER 1969 AND ON ALL OTHER COMPONENT MEDICAL SOCIETIES NOT AFTER 1964. SECONDED BY DR. H. F. KLINEFELTER, JR., AND UNANIMOUSLY CARRIED.

Resolution II.

Dr. Campbell announced that the following resolution, sponsored by the Radiological Section of the Baltimore City Medical Society and the Maryland Radiological Society, had been considered by the Resolutions Committee:

Whereas, health insurance has been accepted by the public and the medical profession as a means of meeting the cost of medical care, in whole or in part, and

Whereas, the members of the American Medical Association, state and county medical societies are bound by the code of ethics of the American Medical Societies, and

Whereas, the American Medical Association has repeatedly defined radiology, pathology and anesthesiology as the practice of medicine, and not as an ancillary hospital service, and

Whereas, certain insurance carriers, including Blue Cross, have sold medical care policies to industrial and commercial firms, which provide payment for radiological and other medical services, as hospital services, and

Whereas, the House of Delegates of the American Medical Association, on December 3, 1953, unanimously adopted a resolution which emphatically criticized recent contracts signed by Blue Cross with several meat packers, and condemned all insurance contracts classifying medical services as hospital services, and

WHEREAS, BLUE SHIELD PLAN REPRESENTATIVES ON JANUARY 16-17, 1954, AT THEIR CHICAGO MEETING, ADOPTED UNANIMOUSLY A RESOLUTION WHICH RESOLVED, IN PART, AS FOLLOWS: BLUE SHIELD PLANS HEREBY AFFIRM THE DEFINITIONS OF THE PRACTICE OF MEDICAL SERVICES AS SET FORTH IN THE OFFICIAL ACTIONS OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION, AND

Whereas, these problems have been satisfactorily solved in certain localities (for example, Nebraska and Kansas City, Missouri areas) and the Blue Cross-Blue Shield

differentiation of medical and hospital services maintained; therefore, be it

Resolved, that all health insurance carriers, including Maryland Hospital Service, Inc. and Maryland Medical Service, Inc., should formulate their medical policies in strict adherence to the principles set forth by the American Medical Association; and be it further

Resolved, that the Medical and Chirurgical Faculty of Maryland go on record as opposed to any contract between Maryland Hospital Service, Inc. and Maryland Medical Service, Inc. and any corporation or group of employees which does not differentiate between hospital and medical services as set forth in the paragraphs above; and be it further

Resolved, that the Medical and Chirurgical Faculty of Maryland requests that negotiations be undertaken immediately between representatives of the medical profession and Maryland Hospital Service, Inc. and Maryland Medical Service, Inc. in an effort to properly classify hospital services under Blue Cross and medical services under Blue Shield, and that further negotiations be undertaken to formulate a plan for complete medical coverage under Blue Shield to be presented to large group insurance buyers.

DR. CAMPBELL STATED THAT THE RESOLUTIONS COMMITTEE APPROVES IN PRINCIPLE THE RESOLUTION SPONSORED BY THE RADILOGICAL SECTION OF THE BALTIMORE CITY MEDICAL SOCIETY AND THE MARYLAND RADILOGICAL SOCIETY, AND RECOMMENDS THAT THE PRESIDENT APPOINT A COMMITTEE EMPOWERED TO ACT TO CONFER WITH THE MARYLAND MEDICAL SERVICE, INC., AND THE MARYLAND HOSPITAL SERVICE, INC.

Dr. W. B. Firor urged the delegates to act promptly on this resolution as Blue Shield is writing a new contract for an industrial group of metal workers. HE MOVED THAT THE PRESIDENT APPOINT A COMMITTEE TO MEET WITH BLUE CROSS AND BLUE SHIELD TO DISCUSS THIS PROBLEM. SECONDED BY DR. CHARLES F. O'DONNELL AND CARRIED.

Dr. Kneisley explained that Dr. Henry F. Ullrich has succeeded Dr. Hugh J. Jewett as President of the Maryland Medical Service, Inc.

Mr. R. H. Dabney, Director of Maryland Medical Service—Maryland Hospital Service, Inc., addressed the delegates regarding the reason for the new type of possible contract that had been sent to the doctors, who are participating in the Plan. He said he would be glad to answer any questions. Some discussion followed.

DR. MARIUS P. JOHNSON MOVED THAT A COMMITTEE BE CREATED TO REVIEW THE PRESENT AND FUTURE USE OF THE PHYSICIANS OF THE STATE OF MARYLAND IN RELATION TO THE MARYLAND MEDICAL SERVICE AND MARYLAND HOSPITAL SERVICE, INC., AND TO MAKE RECOMMENDATIONS TO THE MEDICAL AND CHIRURGICAL FACULTY THAT WILL BE SATISFACTORY TO THE PUBLIC AND PHYSICIANS. SECONDED BY DR. MAURICE C. PINCOFFS.

In the discussion Dr. Andrus pointed out that the Maryland Medical and Maryland Hospital Services are incorpo-

rated. The influence of the physicians on that body is limited, although the Medical and Chirurgical Faculty appoints members to various Boards, Committees, etc., and included among these appointees are some of the members of the Medical Relations Committee. If this body does adopt the pending motion, Dr. Andrus urged that the Faculty Committee and the Medical Relations Committee collaborate as closely as possible.

DR. GRUBB MOVED THAT DR. JOHNSON'S MOTION BE AMENDED TO INCLUDE THAT THERE BE EQUAL REPRESENTATION ON THIS COMMITTEE OF THE LAITY, SURGEONS AND MEDICAL MEMBERS (NON-SURGICAL), AND THAT DUE CONSIDERATION BE GIVEN GEOGRAPHICALLY WHEN MAKING UP THE COMMITTEE. SECONDED BY DR. I. RIVERS HANSON AND CARRIED UNANIMOUSLY.

DR. KNEISLEY REPEATED DR. JOHNSON'S MOTION, WHICH HAD BEEN SECONDED BY DR. PINCOFFS, AND CALLED FOR THE VOTE ON IT. UNANIMOUSLY CARRIED.

The House adjourned for a five minute recess.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

SECOND SESSION

Monday, April 26, 1954

The 210th meeting of the House of Delegates held on Monday, April 26, 1954, was reconvened after a five minute recess, and Dr. Bender B. Kneisley, the President, called the Second Session to order.

Dr. Wetherbee Fort, Chairman of the Nominating Committee, announced that he had the privilege and pleasure of presenting the following slate. All nominees have been contacted and agree to serve if elected:

NOMINATIONS FOR 1955

President	George H. Yeager, Baltimore
Vice-Presidents	Waldo B. Moyers, Hyattsville Samuel Whitehouse, Baltimore
Secretary	Charles J. Foley, Havre de Grace Everett S. Diggs, Baltimore
Treasurer	J. Albert Chatard, Baltimore Leo Brady, Baltimore (1957)
Councilors	Thomas A. Christensen, College Park (1957) Warfield M. Firor, Baltimore (1957) Whitmer B. Firor, Baltimore (1957) Clewell Howell, Towson (1957) Ross L. McLean, Baltimore (1957) Norman E. Sartorius, Jr., Pocomoke City (1957)
Delegate to American Medical Association	Warde B. Allan, Baltimore (1955-1956)
Alternate Delegate to American Medical Association	Louis H. Douglass, Baltimore (1955-1956)

Committee on Scientific Work and Arrangements	Edmond J. McDonnell, Chairman, Baltimore Beverley C. Compton, Baltimore Norman R. Freeman, Jr., Baltimore
Library Committee	Lester A. Wall, Jr., Baltimore (1959)
Finney Fund Committee	Henry J. L. Marriott, Baltimore (1959)

Board of Medical Examiners	Wylie M. Faw, Jr., Cumberland (1958) Lewis P. Gundry, Baltimore (1958)
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Nominating Committee

Wetherbee Fort, Chairman, Baltimore
George O. Eaton, Baltimore
Page C. Jett, Prince Frederick
James T. Marsh, Westminster
John M. Scott, Baltimore

Dr. Kneisley asked for nominations from the floor and as there were none he announced that the nominations were closed. The elections take place at the Third Session of this body on Wednesday, April 28, 1954, 9:30 a.m. in the Deutsches Haus, Second floor Auditorium, WITH THE EXCEPTION of the elections for the Board of Medical Examiners, who are elected at the General Meeting of the Medical and Chirurgical Faculty at 12:00 noon in Osler Hall on Tuesday, April 27, 1954. The two members on the Board of Medical Examiners nominated by this body are Dr. Wylie M. Faw, Jr., Cumberland, and Dr. Lewis P. Gundry, Baltimore—but there may be other nominations from the floor. (See page 418.)

Dr. Kneisley announced that the third and last session of the House of Delegates will be at 9:30 a.m. on Wednesday, April 28, 1954. He thanked Dr. Diggs and the Office Staff for arranging the agenda.

The meeting adjourned at 4 p.m.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

THIRD SESSION

Wednesday, April 28, 1954, 9:30 a.m.

The 211th Meeting of the House of Delegates, Third Session, was held at the Deutsches Haus, 1212 Cathedral Street, on Wednesday, April 28, 1954, at 9:30 a.m., and was called to order by the President, Dr. Bender B. Kneisley, Presiding.

The following members registered: Drs. Conrad Acton, Philibert Artigiani, John W. Barnaby, Jr., J. W. Bird, Howard M. Bubert, Read N. Calvert, H. A. Cantwell, J. Albert Chatard, Everett S. Diggs, Monte Edwards, John S. Fenby, Whitmer B. Firor, Wetherbee Fort, Joseph E. Gill, Francis W. Gluck, I. Rivers Hanson, John M. Haws, Harry C. Hull, Page C. Jett, Marius P. Johnson, H. F. Kinnamon, Harry F. Klinefelter, Jr., Bender B. Kneisley, Louis Krause, William B. Long, Randall McLaughlin, J. Duer Moores, Claude W. Mitchell, Zachariah R. Morgan, Frank K. Morris, Waldo B. Moyers, S. Edwin Muller, Charles F. O'Donnell, A. Austin Pearre, M. C. Porterfield, Samuel T. R. Revell, Jr., Peter P. Rodman, John M. Scott, Louis R. Schoolman, Richard T.

Shackelford, M. Glenn Speicher, James C. Stegmaier, William W. Welsh, A. F. Whitsitt.

Dr. Kneisley made the routine announcements regarding registration, etc. He then asked the Secretary to read the list of nominees.

The following officers, etc., on motion of Dr. Frank K. Morris, seconded by Dr. Wetherbee Fort, and unanimously carried were elected:

<i>President</i>	George H. Yeager, Baltimore
<i>Vice-Presidents</i>	Waldo B. Moyers, Hyattsville Samuel Whitehouse, Baltimore
<i>Secretary</i>	Charles J. Foley, Havre de Grace
<i>Treasurer</i>	Everett S. Diggs, Baltimore J. Albert Chatard, Baltimore
<i>Councilors</i>	Leo Brady, Baltimore (1957) Thomas A. Christensen, College Park (1957) Warfield M. Firor, Baltimore (1957) Whitmer B. Firor, Baltimore (1957) Clewell Howell, Towson (1957) Ross L. McLean, Baltimore (1957) Norman E. Sartorius, Jr., Pocomoke City (1957)
<i>Delegate to American Medical Association</i>	Warde B. Allan, Baltimore (1955-1956)
<i>Alternate Delegate to American Medical Association</i>	Louis H. Douglass, Baltimore (1955-1956)
<i>Committee on Scientific Work and Arrangements</i>	Edmond J. McDonnell, Chairman, Baltimore Beverley C. Compton, Baltimore Norman R. Freeman, Jr., Baltimore
<i>Library Committee</i>	Lester A. Wall, Jr., Baltimore (1959)
<i>Finney Fund Committee</i>	Henry J. L. Marriott, Baltimore (1959)

Dr. Kneisley said there was one matter under old business and requested the Secretary to read the amendment (follows) to the By-Laws which had been presented to the House of Delegates at the previous meeting by the Chairman of the Committee on Constitution and By-Laws (see pages 448-449.)

THE DUES OF A LICENSED PHYSICIAN IN MARYLAND WHO HOLDS AN ACADEMIC POSITION ON A STRICT FULL-TIME SALARY BASIS, OTHER THAN AS A FELLOW OR HOUSE OFFICER, SHALL BE \$10.00 PER ANNUM AS LONG AS HE HOLDS A RANK BELOW THAT OF AN ASSOCIATE PROFESSOR.

DR. M. C. PORTERFIELD MOVED THAT THE AMENDMENT BE ADOPTED, SECONDED BY DR. HARRY C. HULL AND UNANIMOUSLY CARRIED.

Dr. J. W. Bird called to the attention of the House that no action had been taken in reference to the statement made on Monday morning at Special Session by Dr. E. H. Kloman, Secretary of the Board of Medical Examiners. As Dr. Kloman does not wish to continue as a member of the Board after his tenure of office expires in 1955, Dr. Bird wished to take a little recognition of the point mentioned by Dr. Kloman. (See page 412.)

DR. BIRD MOVED THAT AS A RESULT OF THE SUGGESTIONS OF DR. E. H. KLOMAN, SECRETARY OF THE BOARD OF MEDICAL EXAMINERS, THAT A COMMITTEE BE APPOINTED TO CONFER WITH THE BOARD OF MEDICAL EXAMINERS, TO MAKE A STUDY REGARDING THE ANNUAL REGISTRATION OF PHYSICIANS IN MARYLAND AND REPORT ITS FINDINGS TO THE HOUSE OF DELEGATES IN OCTOBER 1954. SECONDED BY DR. H. A. CANTWELL, AND CARRIED.

Dr. Diggs informed the delegates that this same idea had emanated from the Secretaries and Journal Representatives meeting. However, the Council did not feel it could be worked out. At the present time no accurate list of physicians actively practicing in Maryland is available to either the Medical and Chirurgical Faculty, or to the Board of Medical Examiners. According to the Constitution and By-Laws the Faculty is required to have such a list.

As there was no other business, the meeting adjourned at 9:55 a.m.

Respectfully submitted,
EVERETT S. DIGGS, M.D., *Secretary*

GENERAL MEETING

Tuesday, April 27, 1954

12:00 Noon, Osler Hall

Election of State Board of Medical Examiners of Maryland

The election for two new members of the Board of Medical Examiners of Maryland was held at 12:00 noon, Tuesday, April 27, 1954. The meeting was called to order by the President, Dr. Bender B. Kneisley. Two nominations were introduced from the House of Delegates, which nominated Drs. Wylie M. Faw, Jr. and Dr. Lewis P. Gundry. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded, and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Dr. Wylie M. Faw, Jr., Cumberland (1958) and Dr. Lewis P. Gundry, Baltimore (1958). The Secretary was asked to cast the ballot.

REPORTS^{1, 2, 3}

To the House of Delegates

SECRETARY'S REPORT

Mr. President and Members of the House of Delegates:

The complete statistical report of the Secretary is attached. In summary, there are 1,426 members in Balti-

more, and 1,082 in the County Societies, making a total of 2,508.

The following Component Medical Societies sent in dues for every member by January 31, 1954: Calvert County, Caroline County, Charles County, Dorchester County,

Secretary's Report

April, 1954

Member-ship 1953	Member-ship 1954	Paid in Advance	Counties	U. S.* Service	New Members	Re-moved	Re-signed	De-ceased	Dropped
78	76	57	Allegany-Garrett County Medical Society	3	3	2	2		1
56	60	56	Anne Arundel County Medical Society	1	6	1		1	
153	164	92	Baltimore County Medical Society	1	15	2	2		
1336	1349	1125	Baltimore City Medical Society, Active	25	64	15	8	25	3
92	77	53	Baltimore City Medical Society, Associate		10	11	10	1	3
6	5	5*	Calvert County Medical Society				1		
11	11	10*	Caroline County Medical Society	1					
37	38	31	Carroll County Medical Society		2			1	
20	20	18	Cecil County Medical Society, Active	2	1	1			
7	7	4	Cecil County Medical Society, Associate		1	1			
15	12	11*	Charles County Medical Society	1		2	1		
23	27	27*	Dorchester County Medical Society		5	1			
53	55	55*	Frederick County Medical Society	1	4	2			
31	33	29	Harford County Medical Society	1	2				
10	10	9	Howard County Medical Society						
13	14	11	Kent County Medical Society	1	3			2	
171	185	146	Montgomery County Medical Society, Active	2	24	4	2	3	1
9	14	9	Montgomery County Medical Society, Asso.		5				
78	80	66	Prince George's County Medical Society, Active	3	6		3	1	
29	27	18	Prince George's County Medical Society, Asso.				2		
10	8	8*	Queen Anne's County Medical Society			2			
15	14	13	St. Mary's County Medical Society					1	
13	10	9	Somerset County Medical Society			2		1	
28	27	25*	Talbot County Medical Society	2				1	
72	75	72	Washington County Medical Society	1	4	1			
49	51	44	Wicomico County Medical Society		5	1		2	
14	14	12	Worcester County Medical Society		1			1	
41	45	34	Non-resident Members		9	1	3		1
2470	2508	2049			45	170	49	34	40
									9
Gain—Active Members.....			46						
Gain—Nonresident Members.....			4						
			50						
Loss—Associate Members.....			12						
ACTUAL GAIN.....			38 members						
Active members.....									2338
Associate members.....									125
Non-residents.....									45

* U. S. Service members included in 1954 count.

¹ A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society

prior to the meeting of the House of Delegates on Monday, April 26, 1954.

² For Resolutions, Reports, etc. submitted on Monday, April 26, 1954, see pages 413-417.

³ Membership Roster for March 31, 1953 to March 31, 1954, published in May 1954 Journal.

Frederick County, Howard County, Queen Anne's County, Somerset County, and Talbot County.

At one time the Secretaries of the Component Medical Societies met during the Annual Meeting, but for several years such meetings have not been held. This year this practice was resumed on a luncheon basis. As an experiment, and due to the fact that a good many of the Journal Representatives are also Secretaries, a joint luncheon meeting was held on Wednesday, March 31, 1954. Judging from the comments that have been made, this was successful and the desire has been expressed that this procedure be continued. A digest of the meeting will be sent to all Component Secretaries.

A current project is the development of a standard application form for use by all the Component Medical Societies. A tentative form was distributed to the Secretaries. On the basis of their suggestions, a new form will be sent out for the approval or disapproval of each of the Component Societies.

As a further project of the immediate future, it is hoped that a Faculty clearing office will be established whereby dates of all medical meetings in the State may be filed. Future meetings of medical groups, whether they be sectional, regional, hospital, or State Society, could then be planned accurately with the least possible chance of conflict with other meetings already scheduled.

It seems probable at this time that all of the back Transactions of the State Society will be ready for publication by the end of the year. This will complete a long standing, arduous job of bringing all Transactions up to date.

It is the desire of the Secretary that there be a close liaison between the Component Societies. This may best be maintained by the concentrated effort of the Faculty office offering you its services, and by your representatives informing the State Society of your problems and needs.

As a result of the increase in dues, we are now able to increase the secretarial staff, and should soon be in a position to give greater assistance to the Component Societies and to the committees, thereby enabling them to be more active. From the inauguration of the Journal in 1951 until the last few weeks, all of the stenographic work has been assumed by the office staff. With the recent employment of a full time stenographer for the Journal, the office staff is released for more concentrated effort in the work of the Faculty.

During the several years that I served as Assistant Secretary under Dr. Yeager, I was able to become familiar with the work of the Faculty. However, it is only through the close contact made possible by assuming this office on January 1st of this year that the enormity of the business transacted by the State Society is fully realized.

I earnestly solicit your continued cooperation in helping the State Society office serve each and every Component and its members to the greatest extent possible.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

REPORT OF J. ALBERT CHATARD, M.D., TREASURER*

Mr. President and Members of the House of Delegates:

You have copies of the Financial Report of the Treasurer showing in detail the receipts and expenditures for the year 1953. (See pages 421-428.)

The actual amount of money that has to be spent and accounted for is, I am sorry to say, realized by only a few members. The figures are all there to be assimilated and digested so that you may know just what the Faculty is doing. We have now a Finance Committee and a Budget Committee to supervise the expenditures, and plan the activities of next year. Please try to see and follow what is being done with your dues and various funds. "Fiscal Facts" (page 429) and the budget (page 445) will give this information. One of the duties of the Finance Committee is to estimate the revenues, which amount is given to the Budget Committee. The latter Committee prepares the budget of disbursements, and the entire budget of revenue and disbursements is reviewed by the Finance Committee and submitted to the Council for its consideration.

I have been your Treasurer for about fifteen years, and although repeatedly asking to be relieved from this office, you have kindly had my name kept on the list of nominations each time. I have been a member of the Faculty now for fifty years, and have asked the Council to appoint an Assistant Treasurer. The Council allowed me to suggest the name of Dr. Wetherbee Fort for this new post, and he has been appointed as such.

Dr. Fort has been such an ardent and able member of the Faculty, and has done such splendid work the last few years, and I feel he will be an asset of great help in the financial work and plans in the future.

My work as your Treasurer has been very little compared to the great help from your Director and the Office Force, without which the wheels would soon stop running. I extend to them my heartiest thanks and great appreciation for what they have done. The same wishes I would like to extend to all the members, for their trust in me and their cooperation in the complicated financial needs of the Faculty.

I am sorry I have so often found it necessary to ask for more money, but alas to only too few is known what a big financial burden we have absorbed and must carry on in the way our former members would wish us to do.

Again, I thank you for your support, and see the future growth of the Faculty as a bright and shining example to the many other State Societies. We have a background of medical tradition and ancestors, we have a membership assuming the present needs, and we have a future goal that must be reached.

Respectfully submitted,
J. ALBERT CHATARD, M.D., Treasurer

* Also includes the Report of the Finance Committee.

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Baltimore, Maryland

GENERAL FUND—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1953

(Prepared from Records after Partial Audit)

Income

Dues—Baltimore City Dental Society.....	\$ 1,410.00
—Baltimore City Medical Society.....	38,866.00
—County Medical Societies.....	16,978.50
—Halls and Offices—Baltimore City Medical Society.....	400.00
—Halls and Offices—Other.....	4,595.00
	<u>\$62,249.50</u>

Membership Assessments.....	17,140.00
Meetings—Annual and Semi-Annual—Exhibits.....	4,075.00
Baltimore City Medical Society—For Salaries.....	3,100.00
American Medical Association—For General Purposes.....	444.50
Journal—Advertisements.....	17,359.01
—Subscriptions.....	3,677.75
	<u>21,036.76</u>

Transfers from Consolidated Fund—Income Funds

Charles M. Ellis Fund—For General Purposes.....	1,072.21
John Ruhrah Fund—For Salaries.....	300.00

Miscellaneous Income.....	27.46
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Total Income.....	<u>\$109,445.43</u>
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Expense

Accounting Fees.....	405.75
Communication Expense—Postage, Telephone and Telegraph.....	3,156.37
Contributions—National Society for Medical Research.....	50.00
—“Aces and Deuces”.....	70.00

Extraordinary Repairs.....	1,398.69
Fuel.....	2,582.35
Gas, Electricity and Water.....	2,209.10
Household and Janitorial Supplies.....	515.37
Insurance.....	1,272.27
Interest Expense.....	266.59
Journal Expense.....	19,444.24
Legal Fees.....	751.44
Legislative Committee Expense.....	51.30
Library Account—Supplies and Expense.....	72.58
Maintenance of Property.....	1,459.16
Maryland Unemployment Insurance.....	82.82
Federal Unemployment Insurance.....	122.76
Social Security Tax.....	1,362.59
Meetings—Annual and Semi-Annual.....	5,319.27
Miscellaneous Expense.....	3,193.43
Purchase of Equipment.....	565.54
Office Supplies.....	1,058.88

Printing—Transactions of the Faculty.....	854.50
—Other.....	1,658.49
	<u>2,512.99</u>
Salaries.....	48,250.10
Travel.....	412.04

Total Expense.....	<u>96,585.63</u>
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Excess of Income Over Expense—For Year Ended December 31st, 1953—to Exhibit C.....	<u>12,859.80</u>
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GENERAL FUND—SURPLUS ACCOUNT

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

January 1st, 1953—Balance to Debit of Account—Deficit. \$ 6,179.62

Addition

Excess of Income over Expense—For Year Ended December 31st, 1953—Exhibit B. 12,859.80

December 31st, 1953—Balance to Credit of Account—To Exhibit A. 6,680.18

CONSOLIDATED FUND—INCOME FUNDS—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1953

(Prepared from Records after Partial Audit)

*Income**Income from Consolidated Fund Investments*

Bonds

United States Government and Municipal. \$ 970.50
Public Utility, Railroads, etc. 915.00 \$ 1,885.50

Stocks

Common. 7,878.87
Preferred. 402.88 8,281.75Interest Special Savings Account—Maryland Trust Company. 13.40Less—Agencies Fees. 10,180.65
415.47

Net Income from Investments—Exhibit F. \$ 9,765.18

Interest on Savings Accounts—Maryland Trust Company—Exhibit F. 200.75

Sale of Cakes—Exhibit F. 2.40

Total Income. 9,968.33*Expense—Exhibit F*Special Purposes. 141.76
Library Purposes. 8,438.85
General Purposes. 381.00
Transfers to General Fund—Salaries. 300.00
—General Purposes. 1,072.21 1,372.21Total Expense. 10,333.82December 31st, 1953—Excess of Expense over Income—To Exhibit E. 365.49

CONSOLIDATED FUND—INCOME FUNDS BALANCE

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

January 1st, 1953—Balance to Credit of Account. \$26,648.19

*Addition*Transfer of Nellie N. Cowles Income Fund—Exhibit K. 31.11
26,679.30*Deduction*

Excess of Expense over Income—For Year Ended December 31st, 1953—Exhibit D. 365.49

December 31st, 1953—Balance to Credit of Account—to Exhibit A. 26,313.81

CONSOLIDATED FUND—INCOME FUNDS
RECEIPTS, EXPENDITURES AND BALANCES
January 1st, 1953 to December 31st, 1953
(Prepared from Records after Partial Audit)

RECEIPTS		EXPENDITURES		BALANCES—DECEMBER 31ST, 1953 REPRESENTED BY																
				Income from Investments		Transfer from Nellie N. Cowles		Sale of Cakes		Special Purposes		General Purposes		Transfers to Fund		Savings Accounts		Balances 31st, 1953		
Baker,.....	\$97.52	\$.90	.47	\$45.89	—	—	—	\$144.31	—	\$125.36	—	—	\$18.95	\$7.74	—	—	\$18.95			
Barker, Lewellys F.	121.25	1.50	.31	30.27	—	—	—	153.02	—	89.10	—	—	63.92	72.92	—	—	\$16.40			
Bowen, Josiah S.	741.76	17.00	6.85	668.91	—	—	—	1,427.67	—	—	\$323.00	—	1,104.67	941.18	—	—	1,104.67			
Bressler, Frank C.	185.12	2.60	1.44	140.62	—	—	—	328.34	—	—	—	—	328.34	293.97	—	—	328.34			
Cordell, Eugene	4,871.30	30.00	3.03	295.89	—	—	—	5,197.19	—	—	—	—	5,197.19	997.80	\$4,127.07	72.32	—			
Cowles, Nellie N.	—	—	—	—	\$31.11	—	—	31.11	—	—	—	—	31.11	—	—	—	5,197.19			
Ellis, Charles M.	—	—	—	10.98	1,072.21	—	—	1,072.21	—	—	\$1,072.21	—	—	—	—	—	—	31.11		
Finner, John M. T.	1,411.94	18.35	6.79	646.64	—	—	—	2,076.93	—	853.78	—	—	1,223.15	1,077.50	—	—	262.07			
Frick, William F.	2,984.23	29.35	11.74	1,161.44	—	—	—	4,175.02	—	3,227.19	—	—	947.83	652.62	—	—	162.05			
Friedenwald, Julius.	115.75	1.50	.59	57.60	—	—	—	174.85	—	—	—	—	174.85	160.78	—	—	280.21			
Harlan, Herbert.	118.93	1.45	.66	64.45	—	—	—	184.83	—	160.90	—	—	23.93	8.18	—	—	14.07			
McClarey, Standish.	129.53	1.45	.62	48.47	—	—	—	179.45	—	68.20	—	—	111.25	108.52	—	—	14.07			
Oster Endowment.	729.64	10.65	1.11	108.39	—	—	—	848.68	—	—	58.00	—	790.68	764.19	—	—	26.49			
Oster Testimonial.	1,173.32	16.60	6.78	692.67	—	—	—	1,882.59	—	627.84	—	—	1,254.75	1,062.33	—	—	161.82			
Ruhrah, John.	10,851.52	30.00	41.31	4,033.99	\$2.40	—	—	14,917.91	—	2,707.93	—	—	300.00	11,909.98	5,865.09	5,050.00	30.60			
Stokes, William Royal.	2,054.41	24.25	3.46	320.73	—	—	—	2,399.39	—	578.55	—	—	1,820.84	1,773.48	—	—	—			
Trimble, Isaac	704.00	10.10	2.10	205.08	—	—	—	919.18	\$141.76	—	—	—	777.42	727.30	—	50.12	—			
Ridgeway, Hiram.	357.97	5.05	1.76	171.93	—	—	—	534.95	—	—	—	—	534.95	492.88	—	42.07	—			
Totals	26,648.19	200.75	100.00	9,765.18	2.40	31.11	36,647.63	141.76	8,438.85	381.00	1,372.21	26,313.81	15,037.59	9,177.07	2,395.70	45.60	296.55	45.60	296.55	26,313.81

CONSOLIDATED FUNDS—AMOUNTS IN PRINCIPAL FUND

December 31st, 1953

(Prepared from Records after Partial Audit)

FUND	PURPOSE	AMOUNT
Baker	Books on Materia Medica	\$ 870.50
Barker, Lewellys F.	Library	520.00
Bowen, Josiah S.	General	11,807.29
Bressler, Frank C.	General	2,400.00
Cordell, Eugene Fauntheroy	Relief of Widows and Orphans	4,847.97
Cowles, Nellie N.	Library—Exhibit K	1,000.00
Ellis, Charles M.	General	6,000.00
Finney, John M. T.	Books, Journals and Lectureships on Surgery	11,181.32
Frick, William F.	Maintenance Frick Library, Purchase Books and Journals	20,000.00
Friedenwald, Julius	Maintenance of Friedenwald Room	1,000.00
Harlan, Herbert	Books on Ophthalmology	1,015.00
McCleary, Standish	Lectureships and Books on Pathology	1,000.00
Osler Endowment	Permanent Endowment for Books and Buildings, by Request of Dr. Osler	1,860.98
Osler Testimonial	Medical Books and Maintenance of Osler Hall	10,316.99
Ruhräh, John	Library, Books and Journals, etc.	54,317.86
Stokes, William Royal	Lectureships and Books on Bacteriology	4,119.59
Trimble, Isaac Ridgeway	Lectureships Only	3,519.25
Woods, Hiram	General	3,000.00
Total—to Exhibit A		<u>138,776.75</u>

FUNDS INVESTED IN FIXED ASSETS—PRINCIPAL

December 31st, 1953

(Prepared from Records after Partial Audit)

January 1st, 1953—Balance to Credit of Account		\$393,946.46
<i>Additions</i>		
January 23rd, 1953—One Bracket Mahogany Board Sign with Gold Leaf Lettering for Office		\$ 55.00
February 6th, 1953—One Gray Steel Four Drawer Letter File		83.50
May 11th, 1953—Four New Window Shades		31.60
June 4th, 1953—One Paymaster Check Protector		45.00
October 19th, 1953—Two Underwood Standard Typewriters		295.00
December 16th, 1953—One Gray Steel Storage Cabinet		55.44
		<u>565.54</u>
December 31st, 1953—Balance to Credit of Account—to Exhibit A		<u>394,512.00</u>

BUILDING FUND—PRINCIPAL

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

January 1st, 1953—Balance to Credit of Account		\$60,152.05
<i>Additions</i>		
Payments on Pledges		\$2,243.02
Contribution—Women's Auxiliary of The Baltimore City Medical Society		500.00
Interest—United States Government Bonds		1,100.00
		<u>3,843.02</u>
<i>Deductions</i>		63,995.07
Bond Premium		12.50
Office Stationery		5.10
Audit Fee		268.25
Capital Expenditures—New Office—Air Conditioner, Radiator, Painting and Electrical Fixtures.		3,056.73
		<u>3,342.58</u>
December 31st, 1953—Balance to Credit of Account—to Exhibit A		<u>60,652.49</u>

CONTINGENT FUND

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

INCOME

January 1st, 1953—Balance to Credit of Account..... \$ 527.65

Additions

Dividends.....	\$231.00
Interest—United States Government Bonds.....	125.00
—Savings Account.....	8.60
	<u>364.60</u>
	<u>892.25</u>

Deductions

Agency Fee.....	25.00
	<u>867.25</u>

December 31st, 1953—Balance to Credit of Account—to Exhibit A..... 867.25

PRINCIPAL

January 1st, 1953—Balance to Credit of Account..... 10,012.05

Deductions

Agency Fee.....	5.79
Refund of Amounts Contributed by Employees towards Retirement.....	480.34
	<u>486.13</u>

December 31st, 1953—Balance to Credit of Account—to Exhibit A..... 9,525.92

NELLIE N. COWLES BEQUEST FUND

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

INCOME

January 1st, 1953—Balance to Credit of Account..... \$ 47.50

Addition

Interest—United States Government Bonds.....	25.00
	<u>72.50</u>

Deductions

Agency Fee.....	\$ 1.25
Expenditures for Library Purposes.....	40.14
Transferred to Consolidated Funds—Income Funds—to Exhibits E and F.....	31.11
	<u>72.50</u>

December 31st, 1953—Balance to Credit of Account..... None

PRINCIPAL

January 1st, 1953—Balance to Credit of Account..... 1,000.00

Deduction

Transferred to Consolidated Fund—Principal Funds—Exhibit G.....	1,000.00
---	----------

December 31st, 1953—Balance to Credit of Account..... None

MEDICAL ANNALS FUND

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

January 1st, 1953—Balance to Credit of Account \$781.93

Additions

Interest on Savings Account	\$ 7.80
Receipts from Sale of Annals	23.00
	30.80

December 31st, 1953—Balance to Credit of Account—to Exhibit A 812.73

HARVEY G. BECK LECTURESHIP FUND

January 1st, 1953 to December 31st, 1953

(Prepared from Records after Partial Audit)

INCOME

January 1st, 1953—Balance to Credit of Account None

Additions

Dividends	\$87.75
Interest—Savings Account15
	\$ 87.90
	<u>87.90</u>

*Deduction*Agency Fee 4.39December 31st, 1953—Balance to Credit of Account—to Exhibit A 83.51

PRINCIPAL

January 1st, 1953—Balance to Credit of Account 1,998.55
No changes during yearDecember 31st, 1953—Balance to Credit of Account—to Exhibit A 1,998.55

BALANCE SHEET—DECEMBER 31ST, 1953

(Prepared from Records after Partial Audit)

LIABILITIES AND FUNDS

ASSETS	GENERAL FUNDS	LIABILITIES AND FUNDS
General Funds		
Cash—Maryland Trust Company.....	\$11,418.26	
—Undeposited Receipts.....	1,902.40	
—Petty Cash Fund.....	100.00	
	<u>\$13,420.66</u>	
Due from Consolidated Fund—Income Funds		
Lewellys F. Barker Fund.....	16.40	
William Royal Stokes Fund.....	18.08	
Charles M. Ellis Fund.....	262.07	
Special Savings Account.....	1.00	
	<u>297.55</u>	
Deferred Dental Books Expense.....	2.38	
	<u> </u>	
Total General Fund Assets	\$13,720.59	
Consolidated Fund—Income Funds		
Cash—Maryland Trust Company—Exhibit F.....	15,037.59	
—Undeposited Receipts—Exhibit F.....	2,395.70	
—Maryland Trust Company—Special Account.....	1.30	
	<u>17,434.59</u>	
Investments—Exhibit F		
Maryland Medical Service, Inc. Common Stocks.....	5,050.00	
	<u>4,127.07</u>	
	<u>9,177.07</u>	
Total Consolidated Fund—Income Funds—Assets.....	<u>26,611.66</u>	
Consolidated Fund—Principal Uninvested Cash—Held by Maryland Trust Company—Held by Mercantile—Safe Deposit and Trust Company.....	316.36	
	<u>64.46</u>	
Investments (Market Value as of January 1st, 1946 and additions at cost)	380.82	
United States Government and Municipal Bonds.....	39,040.85	
Public Utility and Railroad Bonds.....	20,351.36	
Preferred Stocks.....	10,446.75	
Common Stocks.....	107,915.63	
	<u>177,754.59</u>	
Less—Reserve to bring Book Value of Securities down to Actual Cost.	<u>39,358.66</u>	
Total Consolidated Fund—Principal—Assets.....	<u>138,395.93</u>	
Forwarded.....	<u>179,109.00</u>	
	<u> </u>	
Total Consolidated Fund—Principal.....	<u>138,776.75</u>	
Forwarded.....	<u>179,109.00</u>	

ASSETS—Continued

ASSETS—Continued		LIABILITIES AND FUNDS—Continued	
Brought Forward	\$179,109.00	Brought Forward	\$179,109.00
Funds Invested in Fixed Assets (No Depreciation Provided)		Funds Invested in Fixed Assets	
Real Estate—Cost		Principal—Exhibit H	\$394,512.00
Property 1209-11-13 Cathedral Street—			
In Fee			
Annex Property—1215-17 Cathedral			
Street—In Fee	19,118.95	\$129,754.71	
Personal Property—Appraisal Figures at			
December 31st, 1949 and additions at			
cost			
Library Books and Journals	231,370.00		
Office, Library, Household Furniture, An-			
tiques and Museum Pieces	19,387.29		
Portraits	14,000.00	264,757.29	
Total Funds Invested in Fixed Assets			394,512.00
Building Fund			
Cash—First National Bank—Checking Ac-			
count	1,230.15		
—Savings Ac-			
count	66.04	1,296.19	
Investments—Cost			
United States Government Bonds			59,356.30
Total Building Fund Assets			
Contingent Fund—Income			60,652.49
Cash—Maryland Trust Company			
Due from Contingent Fund—Principal			386.91
			480.34
Total Contingent Fund—Income Assets			867.25
Contingent Fund—Principal			
Uninvested Cash—Maryland Trust Company			84.96
Investments—Cost			
United States Government Bonds			5,000.00
Common Stock			4,921.30
Total Contingent Fund—Principal—Assets			10,006.26
Medical Annals Fund			
Cash—Union Trust Company of Maryland			812.73
Total Medical Annals Fund Assets			812.73
Harvey G. Beck Lectureship Fund—Income			
Cash—Maryland Trust Company			83.51
Total Harvey G. Beck Lectureship Fund—Income Assets			83.51
Harvey G. Beck Lectureship Fund—Principal			
Investments—Cost			
Common Stock			1,998.55
Total Harvey G. Beck Lectureship Fund—Principal—Assets			1,998.55
Total Assets			648,041.79
			1,998.55
			648,041.79

CERTIFICATE

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET,
BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made a partial audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of the State of Maryland for the year ended December 31st, 1953. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty as of December 31st, 1953, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully submitted,
WOODEN, BENSON & WALTON
Certified Public Accountants,
Members American Institute of
Accountants

FISCAL FACTS*

of the
Medical and Chirurgical Faculty
of the State of Maryland.

Being a re-cast of the Budget for the 1954 Fiscal Year

Estimated Income—Fiscal Year, 1954—by Source						
From Dues	\$ 83,413.00	66.7%	Meetings, Annual and Semi-annual**		7,500.00 or	6%
From Journal advertising	17,358.00	13.9%	Office Supplies, office equipment and printing		6,188.00 or	4.9%
From Invested Funds	9,136.00	7.3%	Miscellaneous		4,607.00 or	3.8%
From Annual and Semi-annual Meetings	5,401.00	4.3%	Other:			
From Baltimore City Medical Society and Dental Society	4,907.00	4%	Legal fees	\$ 851.00		
From Rentals	4,785.00	3.8%	Taxes	2,020.00		
			Travel	1,500.00		
			Service to Committees	1,500.00	5,871.00 or	4.7%
	\$125,000.00	100.0%			\$125,000.00	100.0%

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Estimated Disbursements—Fiscal Year, 1954—by Function and Object		
Administrative, secretarial and clerical salaries	\$ 35,273.00	28.2%
Publication of Journal*	23,544.00	18.9%
Maintenance of Library	17,577.00	14%
Maintenance of Property	16,340.00	13%
Postage, telephone, light and heat	8,100.00	6.5%

* Printed in leaflet form and mailed to all members in April 1954.

Cost of Journal	\$23,544.00
Less Revenue from Advertising	17,358.00
	6,186.00
Cost of Transactions (formerly separately printed, now published in Journal)	800.00
	5,386.00
Cost per member (2,450 members)	2.20

** Of this amount \$5,401.00 is collected from sale of exhibit space and from other sources leaving net cost to the Faculty of \$2,099.00 for Annual and Semi-Annual meetings.

COUNCIL*

Mr. President and Members of the House of Delegates:

Since my report, which covered through March 1953, to this body last April, the Council has met six times—April 27, 28, June 12, September 24, October 6 and December 1, 1953. In the interim of Council meetings, the Executive Committee, either by correspondence or telephone, took care of matters regarding the Faculty.

The Board of Medical Examiners, through its officers, Doctors E. H. Kloman and Lewis P. Gundry, discussed Board problems with the Council. These were in reference to naturopaths, qualifications for licensure of graduates of foreign medical schools.

The Study of the Commission on Chronic Illness, which is to include the necessity of hospital care, home care, rehabilitation, nursing home care, and domiciliary care was presented to the Council by Dr. Dean Roberts. This study was approved in principal by the Council and the Editor of the Maryland State Medical Journal was authorized to publish appropriate information in the Journal. (Published in June 1953 issue.)

Committees regarding the following were appointed by the Council: Committee to make a study of the resolution in reference to recent rulings developed by the Advisory Committee on Internships to the Council on Medical Education and Hospitals of the American Medical Association. This Committee reported its findings.

At the request of the American Medical Association, a Committee on Veterans' Medical Care was appointed. (Ratified by the House of Delegates, October 6, 1953.)

On recommendation of Dr. E. Cowles Andrus, the Council approved the appointment of a Budget Committee.

The following having completed fifty years of active membership, will in conformity with the Constitution and By-Laws, now be carried as full active members without payment of dues:

Dr. J. Albert Chatard, Baltimore
 Dr. William H. Coulbourn, Crisfield
 Dr. John E. Legge, Baltimore
 Dr. Victor D. Miller, Hagerstown
 Dr. Irving J. Spear, Baltimore

Dr. Chatard stated that he appreciated the honor, but intended to continue paying his dues.

Library Reports were submitted to Council periodically and in most instances these were approved, and have been put into effect in the Library.

The Library Committee recommended discontinuing having the Library open in the evening. The Council concurred, and the Library will be open on Monday, Wednesday and Friday, from 9:00 a.m. to 6:00 p.m.

On recommendation of the Library Committee, the Council approved of selling Cordell's Annals for two dollars (\$2.00), instead of the previous price of five dollars (\$5.00) per volume.

* Council report for 1953 made by Dr. C. Reid Edwards, whose term expired December 31, 1953. Report for January 1954 through March 1954 made by Dr. E. Cowles Andrus, and there may be some overlapping in both of these reports.

The Council recommended to the Health Department of the State of Maryland that Dr. James T. Marsh and Dr. Page C. Jett be reappointed on the Council on Medical Care Program of the State Department of Health.

The following appointments were made by authority vested in the Council:

- a. Names submitted to the Governor for appointment to the Medical Board for Occupational Disease for State Industrial Accident Commission—Dr. W. K. Waller, Dr. N. B. Herman, Dr. J. S. Eastland, and Dr. Whitmer B. Firor. At the time of the first vacancy, the Governor appointed Dr. James Frenkil. Later when there were two vacancies, from the latter three names listed, the Governor appointed Dr. Eastland and Dr. Firor.
- b. Names submitted to the Governor for appointment on the Advisory Council on Hospital Construction to the State of Maryland—Dr. W. D. Wise, Dr. T. K. Galvin, and Dr. Samuel McLanahan. Dr. Wise was appointed.
- c. Names submitted to the Governor for appointment on the State Board of Physical Therapy Examiners—Dr. H. A. Jones, Dr. A. F. Voshell, and Dr. R. E. Lenhard. Dr. Jones was appointed.
- d. Dr. A. M. Chesney appointed as additional representative (Dr. J. A. Chatard has been the only representative) of the Faculty on the Coordinating Council for Fund Raising Campaigns of the Association of Commerce.
- e. Committee on Increase in Dues appointed by the President of the Faculty—Dr. W. O. McLane, Chairman, Dr. C. W. Mitchell, Dr. N. E. Sartorius, Jr., Dr. W. Kenneth Mansfield and Dr. H. F. Klinefelter, Jr.
- f. Committee appointed by the Chairman of the Council to make a study and recommendations to the Council on a resolution from the Blair County Medical Society concerning approval of hospitals for internships—Dr. C. L. Conley, Chairman, Dr. C. H. Conley, Dr. E. I. Cornbrooks, Jr., Dr. D. J. Gilmore, Dr. L. P. Gundry, Dr. J. H. Hornbaker, Dr. N. J. Kohlerman, Dr. J. F. Supplee and Dr. H. E. Wilgis.
- g. Committee appointed by the President of the Faculty to appoint a Committee to nominate a candidate for the 1953 award of the "President's Committee on National Employ the Physically Handicapped Week"—Dr. N. B. Herman, Chairman, Dr. Herman Seidel and Dr. Dean W. Roberts.

Other American Medical Association suggestions and recommendations in regard to the following were discussed by the Council and specific action was taken on some of the subjects:

The Bureau of Health Education asked that a representative be appointed to attend the Fourth National Conference on Physicians and Schools (Dr. D. C. Wharton Smith).

The Bricker Amendment (June 12, 1953 and February 9, 1954)—VA Hospitalization Rider.

Letter from Committee on Mental Hygiene of the American Medical Association referred to the Faculty's Committee on Mental Hygiene.

Several Societies—Dental, Dental Assistants, Arthritis and

Rheumatism Foundation, and Medical Society for Medical Research—asked permission to hold meetings in the Faculty Building, and as these groups are allied to medicine, the Council approved with the provision that the specific group reimburse the janitorial staff who had to be on duty for these meetings.

In conformity with the American Medical Association ruling, the Council also ruled that physicians who are members of the U.S. Public Health Service will not be excused from the payment of Faculty dues. This ruling is in view of the fact that those in U.S. Public Health Service are not classified as a part of the Armed Forces. Later the American Medical Association changed its policy regarding the status of these physicians and excused them from the payment of dues, but Council reaffirmed its policy.

The Council approved the development of a panel of expert witnesses. As Chairman of the Council, I met on several occasions with members of the Bar Association and a secret committee of members of the Faculty has been appointed to this very important project of our Faculty.

The Council ratified the action of the Executive Committee in complying with the request from Cornell University with reference to an Automobile Crash Injury Research Study.

Dr. Beverley C. Compton, Chairman of the Committee on Scientific Work and Arrangements, was authorized to develop supplemental committees and such assistance as deemed requisite.

The Committee appointed by the Council reported that Dr. George E. Bennett was selected for nomination for the "Physicians' Award," which is given by "The President's Committee on National Employ the Physically Handicapped Week." Dr. Bennett received a "Merit Award" from Maryland and a citation for outstanding service from "The President's Committee."

Dr. J. A. Chatard, as Treasurer, and Mr. W. N. Kirkman, the Director, reported at several Council meetings on the financial status of the Faculty, so that the Council is always conversant with these problems and took action when necessary.

Mr. Walter N. Kirkman at the December 1953 meeting, announced that on account of his age, within a reasonable time the Council should start looking for his successor, and the Chairman of the Council, as his last duty in this capacity, was authorized to appoint a Committee to make recommendations to the Council regarding a Director.

The Council appointed Dr. William B. Long to the Editorial Board of the Maryland State Medical Journal to fill the vacancy due to Dr. J. Tyler Baker having gone into Military Service.

The Council authorized lending museum material to the Maryland Historical Society for the Exhibit on the History of Medicine in Maryland.

The Council approved the appropriation of \$35.00 per year per American Medical Association delegate for the Aces and Deuces organization.

The Council discussed the request from the Maryland Academy of General Practice suggesting that the Council select membership from the Academy to serve on the Boards of the Maryland Hospital Service, Inc., and the Maryland

Medical Service, Inc. The Council believed that its responsibility is to the medical profession at large, and feels that the present method of selecting appointees not be changed.

The Council concurred in the requests of the Committee on Scientific Work and Arrangements regarding the Annual Meeting, and the business sessions so far as is possible will be held on Monday, April 26, 1954, and the Round Table Luncheon feature is to be resumed.

An abstract from the Resolution forwarded through the House of Delegates to the Council, from the Committee to Study Legislative and Professional Standards and Staff Relations, was read to the Council. This Resolution requests that the State Licensure Law be changed, in that the State Department of Health be requested to obtain the services of a Special Advisory Committee, made up of elected and appointed members of the Medical and Chirurgical Faculty. Dr. Pincoffs stated that he does not believe that the Board of Health would, or should, rule on Hospital Staff appointments, and that this Society is opposed to the recommendation presented in this Resolution. This was seconded and carried.

Dr. E. Cowles Andrus was elected Chairman of the Council for 1954, and Dr. Whitmer B. Firor was elected as the Vice-Chairman for the coming year.

The Council expressed its appreciation to Dr. Edwards, whose term as Chairman expires and to Dr. Yeager, whose term as Secretary terminates.

Respectfully submitted,
C. REID EDWARDS, M.D., *Chairman, 1953*

* * * * *

Mr. President and Members of the House of Delegates:

There have been three meetings of the Council and two of the Executive Committee between January 1, 1954, and April 14, 1954.

The Executive Committee plans to meet in the interim and prior to the meetings of Council to review the material that is in hand and whenever possible either to have recommendations ready for Council or to take action on subjects that are within its scope. In cases that need immediate action the Executive Committee will be canvassed by mail or 'phone. There have been two Council meetings and two Executive Committee meetings in 1954, at the time this report is being written.

At the December meeting of the Council, representatives from the Maryland Society of Pathologists discussed a proposed law, to which that Society is opposed, on "State Licensure of Laboratory Workers." As authorized by the Council, the Executive Committee subsequently met with Dr. C. A. Perry, Chief, Bureau of Laboratories of the State Department of Health, who is interested in a licensing agency in Maryland for laboratory workers. Dr. Perry explained that there would be no infringement of the Medical Practice Act to be expected as a result of the licensure of laboratory technicians. No action was taken as Dr. Perry did not have the proposed law ready, and Mr. Anderson, the Attorney for the Faculty, cannot give the Council any definite advice until a copy of the proposed legislation is available. (This has recently come to hand, has been referred to Mr.

Anderson, and will be distributed to the Officers of the Component Medical Societies and to the Council.)

The Council approved the buying of new chairs for Osler Hall.

The outline for the business sessions of the 1954 Annual Meeting, as presented by Dr. A. A. Pearre, for the Committee on Constitution and By-Laws was approved by the Council.

The Council granted the request of Mrs. John G. Ball that a symbol be used on the membership roster that indicates that the doctor's wife is a member of the Woman's Auxiliary.

The Budget, as presented by Dr. Chatard and Mr. Kirkman, was approved.

Three additional stenographers are to be employed; one of these is to be assigned to the Maryland State Medical Journal, and the others to assist with the secretarial work of the office.

The Secretary, Dr. Diggs, was authorized to arrange a luncheon discussion meeting for the Secretaries of the Component Societies.

All legislative matters, whether at the State or Federal level, are to be referred to the Legislative Committee.

Legislative matters regarding homeopathy being deleted from the Medical Practice Act, Bricker Amendment, Chiropody, central location for licensing boards, abolishment of the Occupational Disease Board, were discussed and Dr. Mech and Mr. Kirkman were instructed as to the wishes of the Council.

Dr. Robert H. Riley, Director of the Maryland State Health Department, asked for cooperation and assistance of the practicing physicians in the field trial of poliomyelitis vaccine in one of the Maryland counties.

This request was approved in principal and the Newspaper release (with some alterations), requested by the Health Department, was approved.

Requests from some of the Component Societies were presented for action.

Library requests were submitted, discussed and Dr. Krause, the Chairman of the Library Committee, was advised according to Council action in each matter.

The Council acceded to the request of Dr. Chatard. The Chairman was authorized to appoint an Assistant Treasurer, and Dr. Wetherbee Fort has been asked to serve in this capacity.

Providing the members of the Faculty indicate they would be interested in supporting a Postgraduate Day, the President of the Faculty will appoint a committee to arrange the program. Immediately after the Annual Meeting, the members will be canvassed and every member is urged to answer and return the card.

The Council approved the recommendation of the President, Dr. Kneisley, and the following Committees were discharged:

- 1) Committee to Study Legislative and Professional Standards and Staff Relations of Hospitals.
- 2) Committee to Study an Insurance Problem.

It was recommended to Dr. A. E. Goldstein, Chairman of the Subcommittee on Finance for the New Building, that he present his resolution regarding the Building Fund to the Resolutions Committee for the House of Delegates.

There have been eleven members who have been granted

Physicians' Defense and Mr. Anderson reported the settlement of two malpractice cases.

At the September 24th meeting of the Council, Mr. G. C. A. Anderson was unanimously reselected for appointment as legal counsel.

The Council, under the Law, submits names to the Governor and he selects the member to serve on Boards, Councils, etc. In cases where the terms of office expired, Council submitted the requested recommendations. Since January 1, 1954, the following names have been sent to Governor McKeldin:

- a. State Board of Physical Therapy Examiners: Dr. W. Richard Ferguson, Baltimore; Dr. Samuel McLanahan, Baltimore; Dr. Harry F. Klinefelter, Jr., Baltimore.
- b. Advisory Council on Hospital Construction which consults with and advises the State Board of Health: Dr. William D. Noble, Easton; Dr. Richard V. Hauver, Hagerstown; Dr. Waldo B. Moyers, Hyattsville.

The Council recommends the following for Emeritus Membership: (See page 410.)

*Dr. Frank J. Ayd, Baltimore
Dr. William A. Bridges, Baltimore County
Dr. E. W. Bridgman, Baltimore
Dr. Norman S. Dudley, Queen Anne's County
Dr. John M. T. Finney, Jr., Baltimore
Dr. Walter E. Grempler, Baltimore
Dr. Eugene H. Hayward, Baltimore
Dr. Kenneth D. Legge, Baltimore
Dr. William B. Schapiro, Baltimore
Dr. Herbert Schoenrich, Baltimore
Dr. Edward P. Smith, Baltimore
Dr. William Kelso White, Baltimore*

Respectfully submitted,
E. COWLES ANDRUS, M.D., Chairman, 1954

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

Your delegate attended the Annual Meeting in New York City from June 1 to June 5, 1953, and also the Interim Session in St. Louis from December 1 to 4, 1953. Both meetings were well attended, particularly the New York City meeting. A point of interest was that Dr. Alfred Blalock of Baltimore was elected recipient of the District Service Award of the A.M.A. for 1953 at the New York meeting.

As usual, a large volume of business was done at the annual meeting. The proceedings are recorded in the Journal of the A.M.A. on the dates of June 20 and June 27, 1953. It is to be pointed out in these reports that a Study of Relations Between Osteopathy and Medicine created a lot of discussion and it was definitely decided that any action on this lengthy report should be deferred until the Session of June 1954.

The Secretary of the Department of Health, Education and Welfare, Mrs. Oveta Culp Hobby, outlined the present Administration's ideas on Medicine without being at all specific except that she endeavored to assure the delegates that changes had to be made to meet the present socio-economic

problems but should be done under the private and voluntary system with some Federal aid where needed.

The Principles of Medical Ethics again came up for discussion but no specific changes were made, the provisions being more or less general in nature.

The Council on Constitution and By-laws was urged to revise these principles in an effort to meet the problems that arise in various sections of the country.

The Council on Medical Education and Hospitals gave an elaborate report which came under some criticism, particularly in regard to the "Essentials of an Approved Internship." This matter was left over, to be acted upon at the Interim Meeting in December.

Many other resolutions were made and referred to the various Reference Committees but these are too numerous to mention.

The elections, of course, were held at this meeting and Dr. Walter B. Martin of Norfolk, became President elect and Dr. Edward J. McCormick of Toledo, Ohio, became President for the ensuing year.

The Seventh Annual Clinical meeting took place in St. Louis in December 1953. Your delegate was on the Reference Committee for Medical Education and Hospitals. This Committee had many matters referred to it and he did not have the opportunity to attend other Reference Committee meetings.

One of the high lights of the meeting was the address by Dr. Chester Keefer of Boston who is Special Assistant to Mrs. Hobby. He emphasized, "The voluntary way has been the most successful in the past and there is no reason to believe it will not continue to be in the future." He urged maximum effort, cooperation and leadership on the community level. The House of Delegates reaffirmed its opposition to the compulsory coverage of physicians under the Old Age and Survivors Provision of the Social Security Act and advocated passage of the Jenkins-Keogh Bill. These bills are described as providing for the establishment of a voluntary pension program.

The Bricker Amendment was approved in principle. This is a very controversial point and the A.M.A. attitude is that no agreement should be reached with foreign countries that might encroach upon voluntary medical care.

The House opposed any further extension of the Doctor Draft Law beyond the present expiration date of June 30, 1955.

The House approved the revision of one section of the Principles of Medical Ethics which clarifies the relationship of physicians to all forms of public information media. It would be well for all members to read this.

In the Reference Committee on Medical Education and Hospitals there was a great deal of discussion regarding the rules and regulations of the Joint Commission on Accreditation of Hospitals. This Committee requested that the Joint Commission publish an article or series of articles in the Journal of the A.M.A. and other official publications to acquaint the medical and hospital profession with the regulations, by-laws and their interpretations.

Finally, Dr. McCormick in his President's address made a

strong appeal to the nation's physicians for "action that will further the full confidence of the public in our profession."

Respectfully submitted,
WARDE B. ALLAN, M.D.

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

As your Delegate to the American Medical Association in 1953, I attended the meetings of the House of Delegates in New York in June, and at St. Louis in December. I also attended a special meeting of the House in March at Washington, to hear President Eisenhower and the late Senator Taft discuss the administration's attitude toward Government in Medicine and the plans for the Department of Health, Education and Welfare which had been activated only a few weeks previously. In addition to the above meetings, I attended a regional meeting of the Council on Medical Service, at Washington, to discuss the problems of Veteran's care.

At the New York meeting Veteran's Care was extensively debated, the House reaffirming its previous stand, expressing disfavor that hospitalization be offered for any non-service connected disability other than tuberculosis, psychiatric or neurological disorders. The House deferred action until further study, on a resolution to permit physicians to teach in osteopathic schools and to consult with osteopaths, a measure which has been much discussed in recent AMA meetings. The House passed a resolution in favor of the "Bricker" bill which seems to have died in Congress but which may be expected to crop up again. The feeling is prevalent in the House that health plans incorporated into treaties may result in government interference with the practice of medicine.

At the St. Louis meeting in December, the matter of relationships with osteopaths and their schools was again brought up, this time in regard to the quality of teaching in those schools. The matter was referred to the Board of Trustees with the recommendation that a board be established to inquire into the schools of osteopathy so that they can be properly judged. The resolutions in regard to the use of the term "rehabilitation" were referred to the Board of Trustees for further analysis after consulting with the orthopedists and other specialists concerned. A resolution asking that the "matching plan" for selection of interns was disapproved. The House approved the recommendation that the Association support legislative action to permit tax deferments for self-employed persons entering voluntary pension plans and to oppose extension of compulsory enrollment in Social Security.

The regional meeting to discuss Veteran's Hospital matters in November was concerned with methods to implement the above mentioned attitude toward limited hospitalization and resulted in expression of opinion quite similar to the stand taken by this House (Maryland) at its semi-annual meeting in October 1953.

I wish to express my appreciation to this House and to the Faculty for entrusting me with the duties and privileges of

being a Delegate to the American Medical Association during the past three years.

Respectfully submitted,
JOHN W. PARSONS, M.D.

BOARD OF MEDICAL EXAMINERS

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

Lewis P. Gundry	—1954
Edward P. Thomas	—1954
Erasmus H. Kloman	—1955
John H. Hornbaker	—1955
John E. Legge	—1956
Samuel McLanahan	—1956
Henry T. Collenberg	—1957
Norman E. Sartorius, Jr.	—1957

As the terms of Dr. Gundry and Dr. Thomas expire in June 1954, two members to serve until 1958 are to be elected at this meeting of the Medical and Chirurgical Faculty.

Examinations given during the year show the following results:

Applications for examination.....	437
Second year students examined.....	159
Postponed or withdrew.....	23
Not eligible for license.....	182
Examined in second part of examination.....	143
Complete examination given.....	112
Eligible for license.....	255
Passed.....	234
Failed.....	21
Sixteen of those who failed were graduates of foreign medical schools, three were graduates of Howard University, and two were graduates of Meharry Medical College.	
Licenses issued after examination.....	234
Licenses issued by reciprocity with other States.....	104
Licenses issued in recognition of National Board Certificates.....	104
Total licenses issued.....	442
Licenses revoked.....	2
License restored.....	1
Certificates of transfer to other States.....	227
Borderline permits to D. C. licentiates.....	49
Copies of license issued.....	6
Foreign graduates approved for examination.....	59
Written inquiries from foreign graduates.....	278
Office interviews with foreign graduates (approx.)	250
Telephoned inquiries from foreign graduates—	
no record kept	
Foreign graduates examined.....	40
Passed—foreign.....	24
Failed—foreign.....	16
On May 13, 1953, four members of the Board of Medical	

Examiners attended a hearing in the Circuit Court of Prince George's County, to which they had been summoned, on an appeal from a Revocation Order which the Board had entered against a physician who had been convicted of Income Tax evasion. The Court at this hearing held that the Board of Medical Examiners was not legally constituted at the time the revocation order was passed. This opinion was based on the fact that a substitute member had been appointed to serve during the leave of absence of a Board member who was ill.

The Court also ruled that no further hearing could be held in the case while any Board member, who had been present at the original hearing, remained a member of the Board.

Although the Law states that the decision of the Court shall be final in such cases, the Attorney General entered an appeal on the ground that prohibiting the Board from hearing the case again would practically abolish the Board. This decision, it was argued, was not within the authority of the Court. The Court of Appeals upheld the lower Court in the matter of the composition of the Board but reversed the decision with regard to another hearing. Another hearing will be conducted.

David Aitchison, Naturopath

Dr. Gundry appeared for the Board in the Circuit Court of Montgomery County on December 3, 1953, when David Aitchison, a naturopath, was found guilty of four counts of unlawful practice of medicine. The sentences on each of two counts were suspended but fines of \$200.00 and costs were imposed for each of the other two counts, with prison terms if the fines were not paid. Aitchison immediately entered an appeal. This Board has been endeavoring since June 1950 to have this man convicted of illegal practice of medicine or using the mails to practice medicine, but was unsuccessful until this recent conviction.

Naturopaths

In an attempt to prosecute naturopaths who are practicing medicine in Baltimore City, the Board wrote the Police Commissioner on May 27, 1953 asking an investigation of persons listed as naturopaths in the local telephone directory. The Board feels that as Naturopathy has not been recognized in Maryland as a branch of healing, and since the Circuit Court of Baltimore City on March 3, 1948 held that practice of Naturopathy is in violation of the medical practice act, these practitioners should not be permitted to continue their work. After much delay and considerable correspondence, report was received from the Police Department that the persons named had been visited and certain information secured. The information given was the name, school of reported graduation, etc., all of which had been known to the Board of Medical Examiners for sometime. The Board then wrote the Police Department stating that there seemed to be some misunderstandings as to the wishes of this Board and asked that a representative meet with the Secretary of the Board to discuss the matter. Shortly afterward a Lieutenant of the Detective Bureau came to the Board office with several detectives.

These men were instructed to pose as patients and get all evidence possible of the medical work being done. Few days later we received the report that the "plain-clothes" men were unable to obtain any information from the naturopaths, who seemed to have been alerted by the recent previous visits of uniformed police. The Police Department reported that nothing further could be done at the time.

Louis Werner

The State's Attorney of Baltimore City has been asked to take action against one Louis Werner who has been reported as practicing medicine without a license. Dr. Warfield Firor has sent the Board a signed statement of a woman who has been treated by this man for a very serious ailment, as a result of which treatment she was later referred to Dr. Firor. The statement and letter of Dr. Firor were sent to the State's Attorney's office on February 16, 1954.

During the 1954 session of the General Assembly, at the request of the Board of Medical Examiners-Homeopathic, a Bill to abolish that Board was introduced. Since the Medical Practice Act provides for a regular and a Homeopathic Board it would be necessary to amend the Act to delete all references to two Boards. This Board and the Medical Faculty opposed amending the Medical Practice Act at this time. The Bill did not come out of Committee.

An Amendment to the Medical Practice Act to provide for an appeal to the Court of Appeals in cases where an Order of Revocation was not affirmed by a Circuit Court also failed to pass.

Chicago Meeting

Dr. Gundry, Dr. McLanahan and Dr. Kloman attended the Congress on Medical Education and Licensure at Chicago in February 1954, and obtained much valuable information from discussions of licensure problems by members of other State Boards. The reports on methods and results of handling applications from graduates of foreign medical schools were particularly important.

Respectfully submitted,
E. H. KLOMAN, M.D., *Secretary*

April 1, 1954

(See page 412.)

N.B. in re

STATE PRACTICE ACT

State Board of Medical Examiners—Henry T. Collenberg, Wylie M. Faw, Jr., John H. Hornbaker, John E. Legge, Norman E. Sartorius, Jr., Erasmus H. Kloman, President; Samuel McLanahan, Vice-President; Lewis P. Gundry, Secretary, 1215 Cathedral Street, Baltimore 1, Maryland

Meetings of the Board of Medical Examiners of Maryland—The regular annual meeting is held the first Tuesday in June and other meetings are held about four times a year at such times as the discretion of the Board may determine. Special meetings are held from time to time to consider particular policies or problems.

Regular Examinations—Examinations are held in Baltimore, the third Tuesday in June for four consecutive days and the second Tuesday in December for four consecutive days.

Reciprocity or Endorsement Information—The license of the Board of Medical Examiners of Maryland is recognized for license without examination in the following States: Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin.

Many States, however, have special requirements which must be met by each applicant for license by reciprocity or endorsement. For example:

New York requires two years of professional experience, one year of which shall be after obtaining the original license. A grade of at least 75% in each subject except one is also required.

Certain other States require a year of residence in the State granting the original license after the license is issued.

Another State requires a rotating internship before license, or two years of practice after license.

West Virginia requires a baccalaureate degree.

States having Basic Science Laws may require you to take an examination in Basic Sciences. It is well therefore, to write the State in which you are interested, to learn of these particular requirements.

Diplomates of the National Board of Medical Examiners are also admitted to license without examination.

Information connected with Medical Examinations and licensure by addressing the Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

Mr. President and Members of the House of Delegates:

The report of the Library Committee probably is best understood by consulting the summary of activities as you will find listed.

I. Services.

a. Reference work (much by telephone)

Supplying names, addresses, etc., of doctors from our directories.

Verifying references, including long bibliographies.

Compiling bibliographies.

Looking up material on hundreds of varied subjects.

Locating specific articles, with little information to go on.

Assembling material for exhibit "300 years of Maryland Medicine."

b. Getting out material for use in library or home use,

checking them in and out and replacing material on shelves.

- c. Mailing material to members throughout the state.
- d. Preparation of material including checking against card catalog or periodical record for duplication accessioning, classifying and cataloging, etc.
- e. Borrowing from and lending to other libraries.
- f. Distributing duplicate books and journals to younger libraries in the city and throughout the world.
- g. Contributing book lists and library notes for each issue of Maryland State Medical Journal, and compiling indexes to 1952 and 1953 volumes of Journal.

II. Reorganization.

- a. Reclassification and recataloging of 2,237 volumes, mostly recent books, made them easier to find and put away.
- b. Open shelves ordered for Reading Room, now in place, making more recent books accessible to readers.
- c. Glass-doored cases in Reading Room will be used to protect and display valuable old books, now inadequately housed in stacks.
- d. The Periodical Room and Librarian's Office were air-conditioned.
- e. Periodical subscriptions have been placed in hands of an agent, in accordance with usual library practice, to save money, time and bookkeeping.
- f. Visible record equipment purchased to consolidate five former periodical files into one for efficiency.
- g. Other new equipment purchased: including filing cabinets, book ends, additional book truck, postal scale, bulletin board, etc.
- h. Space is being made in basement for expansion of periodical collection. With removal of extra copies of Faculty publications for outside storage, this much-needed space has been released.

III. Plans for 1954:

- a. More aggressive policy for purchase of new books.
- b. Better care of valuable old books and leather bindings.

While I am writing this report, bear in mind that the work is being done by the Library Staff under the very able leadership of Miss Helen Wheeler, supported by Mrs. Henry Berge, Miss Myrtle Hollins, and Mrs. Ella Chatt.

Respectfully submitted,

LOUIS KRAUSE, M.D., *Chairman, Library Committee (1955)*
 JOHN T. KING, M.D. (1954)
 A. AUSTIN PEARRE, M.D. (1956)
 WILLIAM K. DIEHL, M.D. (1957)
 E. T. LISANSKY, M.D. (1958)
 MARION W. McCREA, D.D.S.

Finney Fund Committee

HENRY M. THOMAS, M.D., *Senior Member (1954)*
 JOHN M. T. FINNEY, JR., M.D. (1955)
 LOUIS P. HAMBURGER, M.D. (1956)
 I. RIDGEWAY TRIMBLE, M.D. (1957)
 HERBERT E. WILGIS, M.D. (1958)

LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY

GIFTS FOR 1953

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Abeshouse, B. S.....	8				
Abington Memorial Hospital.....				10	
Acton, Dr. Elizabeth.....				290	1
American Cancer Society Inc.....					
American Cholorophyll Div., Strong Cobb & Co.....		1			
American Clinical & Climatological Assoc.....					1
American Cystoscope Makers, Inc.....					1
American Foundation for the Blind, Inc.....			1		
American Heart Assoc., Inc.....		1			
American Library Assoc.....		1			
American Medical Assoc.....					2
American Neurological Assoc.....					1
Armed Forces Medical Library.....			4	4	
Austrian, Dr. C. R.....				104	
Baetjer, Dr. Walter.....	6				241
Baptist, Dr. Arthur, Jr.....					
Boyd, Dr. Holmes C.....				97	
Brady, Dr. Leo.....				36	3
Brantigan, Dr. Otto.....				158	
Brendle, Dr. William K.....	1				
British Journal of Radiology.....					2
Cannon, Mr. Burdelle S.....					326
Charlotte Medical Library.....					10
Chatard, Dr. J. A.....				89	4
Church Home Hospital.....		1			
Coggins, Dr. Jesse C.....					126
Columbia University.....	21				
Commissioner of Health of Baltimore.....			1		
Cross, Dr. Ernest S. Jr.....					116
Cullen, Mrs. Thomas S.....	3			82	7
Cushing, Dr. Mary McKinniss.....	1				
E. I. Du Pont De Nemours & Co., Inc.....	2				
Dunton, Dr. W. R. Jr.....			47	259	2
Edlow, Mrs. E. S.....			8	49	91
Edwards, Dr. Monte.....			17	37	
Enoch Pratt Free Library.....	1				
Feldman, Dr. Maurice.....	1			113	3
Fort, Dr. Wetherbee.....	1			7	3
Friedenwald, Dr. Edgar.....			23		164
Garlick, Dr. Wm. L.....					1
Gay, Dr. Leslie N.....					3
Geraghty, Dr. F. J.....					56
Goldman, Dr. Harris.....					13
Goldstein, Dr. A. E.....	3				

LIBRARY GIFTS—Continued

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Grimson, Dr. Keith S.	1				
Harvard School of Public Health	2	1			
Health Information Foundation				1	
Hearn, Mrs. A. C.			130		
Henry Ford Hospital				10	
Hinrichs, Dr. E. H., Jr.				112	
Hollander, Dr. Mark B.	1				
Highstein, Dr. Gustav				10	
Hospital dos Servidores do Estado				48	
Hospital for the Women of Maryland	1				
Howard, Dr. J. T.			130		
Howe Library of Ophthalmology					
Institute of Life Insurance	1				
Jackson Co. Med. Soc. Library				4	
Janney, Dr. John H.	14		17		
Johns Hopkins Hospital	1				
Johns Hopkins University	1		3		
Jones, Miss Charlotte A.				1	
Keys, Mr. Thomas E.	1				
Kirkman, Mr. Walter N.	1			57	
Koontz, Dr. Amos R.			2	387	
Krause, Dr. Louis A. M.				105	
Laurel Sanitarium				83	
Lederle Laboratories					
Levin, Dr. M. B.	6				
Lewison, Dr. Edward F.			173		
Life Insurance Assoc. of America	1				
J. B. Lippincott Co.					
London School of Hygiene and Trop. Med.					
Los Angeles Co. General Hosp.			12		
Louisiana State Dept. of Health	1				
Louisiana State University			15		
M. & R. Laboratories	5				
McLanahan, Dr. Samuel			313		
McLean, Dr. George			343		
Mahan, Mrs. Archie I.			15		
Macht, David I.	2				
Josiah Macy, Jr. Foundation				4	
Mallinckrodt Chemical Works	2				
Mansdorfer, Dr. G. B.			204		
Maryland General Hospital			253		
Maryland Historical Society			1		
Maryland Tb. Assoc.	1				
McGavack, Dr. T. H.	6			108	
Medical Soc. of the State of Pa.					
Memorial Center for Cancer and Allied Dis.				10	
Merck & Co. Inc.				3	
Minnesota Department of Health	2				
Modern Medicine				1	

LIBRARY GIFTS—Continued

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Moore, Dr. J. E.	1569	61		626	6
Morrison, Dr. Samuel				1	
Morrison, Dr. Theodore				52	
Muscular Dystrophy Assoc. of Amer.					1
Myers, Dr. J. A.	31		127		
National Foundation for Infantile Par.					2
National Medical Fellowships, Inc.			1		
National Nephrosis Foundation, Inc.					1
New York Academy of Medicine					4
New York State Department of Health			1		
Nichols, Dr. E. E.			116	41	90
Parke, Davis & Co.					1
Patz, Dr. Arnall			2		
Pleasants, Dr. J. Hall					17
Presbyterian Eye, Ear, & Throat Hosp.			1		
Rienhoff, Dr. Wm. F.				100	5
Rockefeller Foundation	5	1			
Rockefeller Institute for Med. Res.					2
Rosen, Dr. Harold					1
Royal College of Physicians					1
St. Joseph's Hospital			3	110	47
Seliger, Dr. Robert V., Estate of	1			12	239
Shannon, Dr. G. E.					21
Shealy, Dr. Walter H.					137
Sheppard Pratt Hosp.	92		302	1	
Sherman, Ruth Brewster					20
Simmons, Dr. James Stevens			1		
Skillman, Mrs. W. F.			1	9	47
Stone, Dr. Harvey					3
Sussman, Dr. Abram A.					87
Te Linde, Dr. R. W.					1
Texas Medical Association Lib.	1				1
Thompson, Dr. Charles B.	1				1
Thorek, Dr. Philip			12		
Trimble, Dr. I. R.				79	1
Trott, Miss Bertha M.				6	
Tulane Univ. School of Med.			1	53	
U. S. P. H. H. Library					2
Union Carbide and Carbon Corp.			1		
University of Arkansas					8
Université Laval Bibliothèque Médicale					
University of Maryland					9
University of Tennessee					1

LIBRARY GIFTS—Concluded

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
University of Texas School of Med.				10	
Washington University School of Med.				10	
Ward, Dr. Grant E.				494	
Wharton, Dr. L. R.				155	
Wikler, Dr. Simon J.				1	
Williams, Dr. Huntington				2	
Williams & Wilkins Co.				2	36
Wiscott, W. J.				346	
Wise, Dr. Walter D.				69	
Wollenweber, Dr. Henry L.				210	1
Women's Hospital				1	
Woodruff, Dr. J. D.					19
Yale Med. Library				90	
Yeager, Dr. George H.				16	38
					5

LIBRARY REPORT

January to December, 1953

CIRCULATION AND ATTENDANCE

Circulated books	3,623
Books used in Library	3,858
	—
Total	7,481
Total volumes in 1952	76,298
Books added, 1953	676
Journals added, 1953	446
	—
Total volumes in Library	77,420
Attendance	3,118

MEDICAL LIBRARY ASSOCIATION

Issues sent on exchange	2,275
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BINDING

Journals bound	583
Total cost	\$1,843.65
Average cost per journal	\$3.16

COUNTY MEMBERS

Requests filled	239
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GIFTS

Unbound journals	7,608
Bound journals	348
Books	1,248
Reports and Pamphlets	105
Reprints	1,794
Pictures	2

Diplomas	1
Museum pieces (case)	1
Total	11,107

RECLASSIFICATION AND CATALOGING

Volumes processed	2,237
Volumes withdrawn	12

INTER-LIBRARY LOANS

Loaned

Army Chemical Center	1
Baltimore City Health Dept.	5
Bon Secours Hosp.	1
Ft. Howard Hosp. Lib.	21
Johns Hopkins Univ.	6
Lehigh Univ.	1
Loyola College	2
Medical College of S. C.	1
Mercy Hosp.	2
Notre Dame College	3
Pratt Library	1
St. Joseph's Hosp.	40
Seton Institute	2
Sheppard Pratt Hosp.	13
Sinai Hosp.	31
Social Security Lib.	11
U. S. Army Lib. (Ft. Meade)	2
U. S. Dept. Agriculture	1
U. S. Pub. Health Hosp.	797
U. S. Vet. Admin. Hosp.	1
Univ. Maryland	4
Welch Medical Lib.	74
Wilmer Institute	8
	—
Total	1,028

Borrowed

Armed Forces Med. Lib.	6
Sheppard Pratt Hosp.	1
U. S. Pub. H. Hosp.	1
Univ. of Maryland	36
Univ. Minn. Farm Lib.	1
Welch Med. Lib.	32
Western Reserve Univ.	1
Wilmer Institute	2
	—
Total	80

PETTY CASH REPORT

Balance on hand Dec. 31, 1952	\$5.00
Received from office and refunds on express and postage, etc.	156.50
	—
Total	\$161.50
Expenses	136.68
	—
Balance on hand, December 31, 1953	\$24.82

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

Mr. President and Members of the House of Delegates:

The Semiannual Meeting was held in Bethesda, Montgomery County, at the National Institutes of Health, on October 6, 1953. This was the fiftieth anniversary of the Montgomery County Medical Society, and our hosts planned a splendid program with the outstanding feature in the evening of a dinner and dance.

Without the cooperation of the members of the staff of the National Institutes of Health, our members would not have had the opportunity to see and hear the projects of the Institutes, and the Medical and Chirurgical Faculty is deeply appreciative of the assistance rendered by this group.

The local Committee and the ladies, particularly Mrs. Emil G. Bauersfeld, did yeoman work in planning our program, and our Committee wishes to thank them and make this word of appreciation a part of the transactions of the Medical and Chirurgical Faculty.

The program for the 1953 Semiannual Meeting follows this report on page 439.

The program of this year's Annual Meeting also follows this report on page 441.

As I explained in my report last year, it was almost impossible to avoid conflict with National Associations, even though the Committee made every effort to have the meeting on a date when there were no other outstanding scientific assemblies. We find that our meeting is being held at the same time as the American Surgical Association and the American Psychoanalytic Association.

We have resumed the Round Table Luncheon as so many members indicated that they found this a well worthwhile feature, but at the time of the writing of this report, it is too early to ascertain whether or not the attendance will be as great as in previous years. Originally when we held a Round Table Luncheon, those who did not make their reservation early, found that every place was taken, so we had many

disappointed members. This year the Committee has provided approximately twice as many subjects for discussion, anticipating that there will be a larger number of members interested in attending the luncheon and making it so that no one will be disappointed. This year the moderators at each table will be guests of the Society for the first time.

Last year the attendance at the Annual Meeting was 933. This includes the members, their wives, guests, and exhibitors.

The Semiannual Meeting for 1954 will be held in Hagerstown, but the Washington County Medical Society and the Council have not chosen the exact date, but it probably will be in October. An early meeting of this Committee and the County Committee is anticipated.

The Constitution and By-Laws of the Medical and Chirurgical Faculty provides for the election of a Committee on Scientific Work and Arrangements consisting of three members. Our Committee wishes to make a recommendation which may be used for a trial period, and therefore suggests that if this procedure is adopted by the House of Delegates that it be referred to the Nominating Committee to make its selection according to this method. The Committee on Scientific Work and Arrangements recommends that one new member be appointed to it each year, and therefore, each member would serve for a period of three years. After two years of service, the senior member would automatically become the Chairman for a period of one year only, thereby rotating the chairmanship. (See page 411.)

This is my last year as Chairman of the Committee on Scientific Work and Arrangements, and I wish to thank the members of the Medical and Chirurgical Faculty for their kindness and support during my tenure of office, and also to express my appreciation to Mr. Kirkman and all the members of his and our Faculty staff. The work of the latter is more valuable than any words can express.

Respectfully submitted,

BEVERLEY C. COMPTON, M.D., *Chairman*

WILLIAM L. GARLICK, M.D.

EDWIN H. STEWART, JR., M.D.

PROGRAM OF THE SEMIANNUAL MEETING

Tuesday, October 6, 1953

National Institutes of Health, Bethesda, Maryland

Registration—9:00 A.M. and throughout the day, Lobby—Clinical Center Building. (All the members and their guests are urged to register so that an accurate record may be kept of the attendance.)

Business Sessions, Clinical Center Council Meeting—9:00 A.M. to 9:30 A.M.—Board Room; House of Delegates Meeting—9:30 to 11:00 A.M.—Auditorium

Scientific Seminars—11:00 A.M. to 12:45 P.M., Clinical Center Building

(A) National Heart Institute

Recent Advances in the Study of Atherosclerosis.

A review of current research on the role of hyperlipemia in the genesis of human atherosclerosis, with a discussion of the "Gofman particles," low cholesterol diets, and the usefulness of cholesterol lowering drugs. EDWIN BOYLE, M.D.

The Rôle of Diuresis-Promoting Agents in the Management of Congestive Heart Failure.

A survey of the various diuresis-promoting agents such as mercurials, low-sodium diets, and cation exchange resins with a discussion of the mechanisms and importance of the various types of "low salt syndromes." LEROY DUNCAN, M.D.

(B) National Institute of Arthritis and Metabolic Diseases

The Relative Merits of Gold Compounds, Cortisone and Butazolidin in the Treatment of Rheumatoid Arthritis.

Discussion of the value of these various therapeutic agents, their indication for use and problems in management. Presentation of case. JOSEPH J. BUNIM, M.D.

Pitfalls in Insulin Therapy of Diabetes Mellitus.

Discussion of the difficulty in bringing patients into stable insulin control because of the phenomenon of paradoxical hyperglycemia, which occurs in greater frequency than is usually appreciated. Methods of recognizing the gradual onset of hypoglycemia, occurring with considerable frequency in the use of long acting insulins, will also be discussed. Presentation of case. GERALD T. PERKOFF, M.D.

(C) National Cancer Institute

Endocrine Aspects of Cancer Therapy. ROY HERTZ, M.D.

Medical Management of Neoplastic Diseases. LEONARD D. FENNINGER, M.D.

(D) National Microbiological Institute

Brucellosis.

A discussion of the clinical and laboratory criteria for the diagnosis of brucellosis and an evaluation of current methods of therapy. NORMAN B. McCULLOUGH, M.D.

Amebiasis.

A discussion of the criteria for diagnosis of amebiasis and for follow-up evaluation of the treated case. CLARENCE IMBODEN, M.D.

(E) National Institute of Neurological Diseases and Blindness

Analysis of a Case of Temporal Lobe Seizures.

This patient has suffered from focal cerebral seizures arising within the temporal lobe. His case is analyzed with regard to neurological examination, historical data, radiographic findings and electrographic studies. The radical treatment and the pertinent findings from stimulation and electrocorticography are discussed. The psychological, neurochemical and neuropathological aspects of the patient and his lesion will be outlined by representative personnel and the immediate results summarized. STAFF.

Analysis of a Case of Neuromuscular Disease.

This case is analyzed with regard to the neurological examination, the genetic background, the historical data, and the electromyographic studies. The methods of investigation are briefly outlined in reference to muscle protein studies, radioactive ionic exchange studies, and pathological conformation of disease. The methods by which changes in muscle proteins, dynamics, and ionic exchange may be brought about by ionic resins, steroids, etc., will be briefly discussed. STAFF.

(F) National Institute of Mental Health

Experimental Psychoses Produced by Lysergic Acid.

Lysergic diethyl amide [LSD-25] given orally in single doses as low as 10 micrograms produces depersonalization, hallucinations, and schizophrenia-like symptoms in "normal" individuals. Much larger doses are required to produce effects on mental patients. Lysergic acid affords insights into the genesis of mental symptoms. CHARLES SAVAGE, M.D.

Research Needed in Residential Treatment of Children.

With the increased awareness of the need for residential treatment, especially for aggressive and destructive children and youth, the psychiatric implications of the ward setting of children's activities and of the handling of aggressive behavior pose new problems. This discussion will describe and evaluate some of the research implications which have come to our attention. FRITZ REDL, PH.D.

Luncheon—12:45 P.M. to 1:45 P.M. Cafeteria "Get what you want and pay for it!"

General Meeting—2:00 P.M., Auditorium, Clinical Center

1. Address of Welcome. WILLIAM S. MURPHY, M.D., *President*, Montgomery County Medical Society.
2. Response. MAURICE C. PINCOFFS, M.D., *President*, Medical and Chirurgical Faculty of the State of Maryland.
3. Presentation Honoring Montgomery County Medical Society. MAURICE C. PINCOFFS, M.D.
4. Historical Address. JACOB W. BIRD, M.D.

Scientific Session

5. Medical Research, the Physician, and Public Health. (I. Ridgeway Trimble Fund Lectureship.) LEONARD A. SCHEELE, M.D., *Surgeon General*, Public Health Service, U. S. Department of Health, Education, and Welfare, Washington, D. C.

Tours—3:30 P.M. to 5:00 P.M., Meet in Lobby, Clinical Center

National Institutes of Health, Bethesda.

OR

Homes: (*Hostesses will direct this tour.*)

The Alexander Casanges Home. Brick house of late Federal architecture is superimposed on an earlier one of "Flounder house" type. The oldest part of the house, consisting of four rooms, was built prior to 1790. The old hewn timbers are still doing service as beams in this part of the house. The house was built by Richard Thomas and Deborah Brooke Thomas on land inherited from Roger Brooke. Richard Thomas was one of the men who laid out and platted the village of Brookeville in 1798. The house passed into the hands of the Robertson-Howard family about 1815 and was owned and lived in by them until its sale to the present owners in 1949. The present owners, Mr. and Mrs. Alexander Casanges and Miss Anna P. Holdridge, restored and renovated it for present-day living. Several members of the Howard family were doctors, and others were connected with the Medical Profession. Brookeville's first Dr. Henry Howard was born in Howard County, Maryland, in 1791, and came to Brookeville to practice medicine about 1815. He was Professor of Pathology and *Materia Medica* at the University of Maryland, Baltimore. He rode horseback over a dirt road, three times a week to Baltimore to lecture. In 1830 he was called to the same chair at the University of Virginia, in which he served until 1837. It was the residence and office of Dr. Floodoardo Howard from 1854-1869. During his time the house reached its final shape.

Ziegler's Choice. Original land grant from Lord Baltimore patented in 1725 by Thomas Bordley, known as Bordley's Choice. Sold in 1751 for the sum of £200 sterling to John Riggs, then sold to the Brookeville Academy. Additions were added 1850 to 1865. It is of solid stone with walls 24 to 36 inches thick. Original mantel hand cut in dining room. Old fan light over drawing room door. In 1941 the property was purchased by Dr. and Mrs. Mark V. Ziegler and the house completely restored preserving and reproducing all the old wood trim, mantels, floors, etc. Mrs. Ziegler has linen and woolen coverlet woven from flax and wool raised on the Ziegler Homestead about 1830; also Kentucky firearms.

Little Olney. An interesting and well restored old house, owned by the Farquhar family for many generations. Fine antiques and boxwood. Owned and restored by Mrs. Clara May Downey.

Pleasant Valley. Home of the overseer of Greenwood. Part of the original Davis Plantation. The fireplace dates back to 1740. After the Civil War it was the home of a local resident, Lafayette Dwyer. In 1945 the place was bought and restored by Mr. and Mrs. Ralph Heckman. It shows what can be done with an old nondescript place.

Golf—Green Fee \$1.00

1. Glenbrook Golf Course, 8600 Wisconsin Avenue, Bethesda, immediately adjacent to the grounds of the National Institutes of Health on the south with entrance marked on west side of Route 240.
2. White Flint Golf Course, Rockville Pike, about 2½ miles north of National Institutes of Health on Route 240, with entrance marked on east side of road.

Woman's Auxiliary to the Medical and Chirurgical Faculty
9:30 A.M. to 12 Noon
Administration Building

A cordial invitation is extended to all the ladies to attend this meeting.

Committees of the Montgomery County Medical Society

Arrangements Committee: DR. CHARLES H. LIGON, *Chairman*; DR. WILLIAM W. EASTMAN; DR. GEORGE A. GRAY, JR.

Entertainment Committee: (Composed of members of the Woman's Auxiliary to the Montgomery County Medical Society.)

MRS. E. G. BAUERSFELD, *Chairman*; MRS. WILLIAM D. AUD; MRS. J. MARION BANKHEAD; MRS. G. V. HARTLEY; MRS. MARK V. ZIEGLER.

ONE HUNDRED FIFTY-SIXTH ANNUAL MEETING

Medical and Chirurgical Faculty of the State of Maryland

1211 Cathedral Street, Baltimore 1, Maryland

ANNUAL MEETING PROGRAM

Monday, April 26, 1954—9:00 P.M. to 1:00 A.M.

MEDICAL AND CHIRURGICAL FACULTY BALL

THE ALCAZAR, Cathedral and Madison Streets

All the members, their wives, and guests are urged to attend THE BALL (dress optional), which is under the sponsorship of the Woman's Auxiliary to the Baltimore City Medical Society. Tickets \$3.00 per person and checks may be sent to Mrs. Robert W. Garis, Ambassador Apartments, Baltimore 18. Tickets may also be purchased at the door. The entertainment, "Medicana," will begin at 10:00 p.m. There will be the Coronation of Baltimore's "Outstanding Student Nurse." Raffle of mink stoles!

SCIENTIFIC MEETINGS

Tuesday, April 27, 1954, Morning Session, Osler Hall (Entrance and Exit—Maryland Avenue)

BENDER B. KNEISLEY, M.D., *President*, Presiding
9:00 a.m. Motion Pictures.

1. Experimental Congenital Orthopedic Defects. Discussed by J. T. H. JOHNSON, M.D.
Produced at the Children's Hospital School by P. K. DURAISWAMI, M.D.
2. Treatment of Long Standing Cervical Disc Protrusions with Section of Dentate Ligaments. Discussed by JAMES G. ARNOLD, JR., M.D.
Produced at Mercy Hospital by AUGUST KIEL, JR., M.D.

10:00 a.m. Psychiatric Panel.

Moderator: HARRY M. MURDOCK, M.D., Medical Director, Sheppard and Enoch Pratt Hospital, Towson, Maryland.

Participants: Progress in Electro-Convulsive Therapy. FRANK J. AYD, M.D.

Brief Medical Psychotherapy and the Question of the Psychiatric Referral. KLAUS W. BERBLINGER, M.D., Assistant Professor of Psychiatry, University of Maryland School of Medicine. (By invitation.)

What Might the Private Practitioner Expect of the Public Psychiatric Hospital? CLIFTON T. PERKINS, M.D., Commissioner of Mental Hygiene, State of Maryland.

12 Noon. ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (OSLER HALL)

12:15 p.m. Adjournment.

Tuesday, April 27, 1954, Afternoon Session, Osler Hall (Entrance and Exit—Maryland Avenue)

RALPH G. HILLS, M.D., *Vice-President*, Presiding

2:00 p.m. Clinical Pathological Conference by The Staff of The Johns Hopkins University School of Medicine. (Illustrated.)
STANTON L. EVERSOLE, M.D., *Assistant Professor of Pathology*, The Johns Hopkins University School of Medicine.
(By invitation.)

CHARLES W. WAINWRIGHT, M.D., *Associate Professor of Medicine*, The Johns Hopkins University School of Medicine.
3:00 p.m. Chemotherapy Panel. (Illustrated.)

Moderator: JOHN C. KRANTZ, JR., PH.D., *Professor of Pharmacology*, University of Maryland School of Medicine.

Participants: The Current Approach to the Chemotherapy of Tuberculosis. GLADYS L. HOBBY, PH.D., Biochemical Research Division, Charles Pfizer and Company, Inc., Brooklyn, New York.

Mechanism of Action of the Antibiotics. EDWARD STEERS, PH.D., *Associate Professor of Bacteriology*, University of Maryland School of Medicine. (By invitation.)

Broad Spectrum Antibiotics—Blood Dyscrasias and Chloramphenicol. HENRY WELCH, PH.D., *Director*, Division of Antibiotics, Food and Drug Administration, Department of Health, Education and Welfare, and Editor-in-chief, Antibiotics and Chemotherapy, Washington, D. C.

5:00 p.m. Adjournment.

Tuesday, April 27, 1954, Evening Meeting, Osler Hall (Use Cathedral Street Entrance), 8:00 p.m.

BENDER B. KNEISLEY, M.D., *President*, Presiding

1. Presidential Address.

Our Relations with the Public. BENDER B. KNEISLEY, M.D.

2. John M. T. Finney Fund Lecture.

Clues in Cardiovascular Diagnosis and Treatment. PAUL DUDLEY WHITE, M.D., Clinical Professor of Medicine, Harvard Medical School; Executive Director, National Advisory Heart Council and Consultant, Massachusetts General Hospital, Boston, Massachusetts.

3. Presentation of Portrait of Dr. John Ruhrh. FRED B. SMITH, M.D.

4. Necrology. A. S. CHALFANT, M.D., Chairman, Memoir Committee. (See page 454.)
(The members are requested to remain standing during the reading of the report.)

Wednesday, April 28, 1954, Morning Session, Osler Hall (Entrance and Exit—Maryland Avenue)

ERNEST I. CORNBROOKS, JR., M.D., *Vice-President*, Presiding

9:00 a.m. Motion Picture.

Intracardiac Surgery. Discussed by R. ADAMS COWLEY, M.D., and LEONARD SCHERLIS, M.D.

Produced at the University of Maryland School of Medicine.

10:00 a.m. Cancer Panel. (Illustrated.)

Moderator: JOHN R. HELLER, JR., M.D., Director of the National Cancer Institute, Bethesda. (By invitation.)

Participants: Cancer Control in the United States. RAYMOND F. KAISER, M.D., *Chief*, Field Investigations and Demonstrations Branch, National Cancer Institute, Bethesda. (By invitation.)

Recent Trends in Therapeutic Radiology. WALTER T. MURPHY, M.D., *Director Therapeutic Radiology*, Roswell Park Memorial Institute, Buffalo.

Certain Advances in Cancer Research. STANLEY P. REIMANN, M.D., *Director*, Lankenau Hospital Research Institute, and Scientific Director of the Institute of Cancer Research, Philadelphia.

12 noon. Adjournment.

Wednesday, April 28, 1954, Round Table Luncheon, 12:30 P.M.

The Ballroom, Sheraton Belvedere Hotel, Charles and Chase Streets

1. Chemotherapy and Antibiotics. WARDE B. ALLAN, M.D.	20. Breech Presentation D. FRANK KALTREIDER, M.D.
2. Civil Malpractice ROBERT D. BARTLETT, Esq.	21. Hernia AMOS R. KOONTZ, M.D.
3. Prevention of Fetal Deaths. GEORGE W. ANDERSON, M.D.	22. Medical Ethics LOUIS KRAUSE, M.D.
4. Common Neurological Lesions. JAMES G. ARNOLD, M.D.	23. Pediatric Orthopedics RAYMOND E. LENHARD, M.D.
5. Common Tuberculosis Problems	24. Gall Bladder Disease SAMUEL McLANAHAN, M.D.
EDMUND G. BEACHAM, M.D.	25. Chest Problems ROSS L. MCLEAN, M.D.
6. Removal of Acne Scars (Plastic Planing)	26. Common Eye Problems JOHN C. OZAZIEWSKI, M.D.
EUGENE S. BERESTON, M.D., R. C. V. ROBINSON, M.D.	27. Gastro-Intestinal Hemorrhage
7. Nose and Throat JOHN E. BORDLEY, M.D.	MAURICE C. PINOFFS, M.D.
8. Psychoneuroses GEORGE H. PRESTON, M.D.	28. Pathology DEXTER L. REIMANN, M.D.
9. Diabetes T. NELSON CAREY, M.D.	29. Common Skin Diseases. HARRY M. ROBINSON, JR., M.D.
10. Vascular Diseases of the Extremities	30. Usual Laboratory Procedures in Clinical Diagnosis
JOHN N. CLASSEN, M.D.	MILTON S. SACKS, M.D.
11. Modern Cardiac Investigation R. ADAMS COWLEY, M.D.	31. Poliomyelitis ALEXANDER J. SCHAFER, M.D.
12. Radiation Therapy ROBERT J. DICKSON, M.D.	32. General Surgery RICHARD T. SHACKELFORD, M.D.
London, England	33. Pediatric Acute Surgical Abdomen
13. Office Gynecology WILLIAM K. DIEHL, M.D.	DOUGLAS H. STONE, M.D.
14. Proctology MONTE EDWARDS, M.D.	34. Hypertension CAROLINE BEDELL THOMAS, M.D.
15. Urology ALBERT E. GOLDSTEIN, M.D.	35. Public Health HUNTINGTON WILLIAMS, M.D.
16. Industrial Medicine THURSTON R. ADAMS, M.D.	36. Arthritis CHARLES W. WAINWRIGHT, M.D.
17. Endocrinology JOHN EAGER HOWARD, M.D.	37. Head and Neck Cancer GRANT E. WARD, M.D.
18. Urinary Tract Cancer HUGH J. JEWETT, M.D.	38. Pediatric Endocrinology LAWSON WILKINS, M.D.
19. Gynecological Cancer HOWARD W. JONES, M.D.	39. Allergies WALTER L. WINKENWERDER, M.D.

Wednesday, April 28, 1954, Afternoon Session, Osler Hall (Entrance and Exit—Maryland Avenue)

E. PAUL KNOTTS, M.D., *Vice-President*, Presiding

2:00 p.m. Clinical Pathological Conference by The Staff of the University of Maryland School of Medicine. (Illustrated.)

JOHN A. WAGNER, M.D., *Associate Professor of Pathology*, University of Maryland School of Medicine.

THEODORE E. WOODWARD, M.D., *Associate Professor of Medicine*, University of Maryland School of Medicine.

3:00 p.m. Diabetes Panel. (Illustrated.)

Moderator: J. SHELDON EASTLAND, M.D., Associate Professor of Medicine, University of Maryland School of Medicine.

Participants: Diabetic Acidosis. JOSEPH T. BEARDWOOD, JR., M.D., *Professor of Metabolic Diseases*, Graduate School of Medicine of the University of Pennsylvania, Philadelphia; Director of Medical Services, Abington Memorial Hospital, Abington, Pennsylvania.

Insulin Therapy for Diabetes. GARFIELD G. DUNCAN, M.D., *Clinical Professor of Medicine*, Jefferson Medical College, Philadelphia.

Question and Answer Period.

5:00 p.m. Adjournment.

Wednesday, April 28, 1954, Buffet Supper, 6:30 P.M. to 7:30 P.M., Osler Hall, 1211 Cathedral Street Entrance

The members are urged to bring their wives and guests to the Buffet Supper. A cordial invitation is extended to EVERYONE to attend the evening meeting.

Cover charge, \$5.00 per person. Reservations, accompanied by check, must be made prior to Thursday, April 22, 1954.

Evening Meeting, Osler Hall, 8:00 P.M. (Use Cathedral Street Entrance)

BENDER B. KNEISLEY, M.D., *President*, Presiding

1. Introduction of MRS. JOHN G. BALL, President, Woman's Auxiliary to the Medical and Chirurgical Faculty.

2. I. Ridgeway Trimble Fund Lecture.

Our Growing Responsibilities to the Aged in our Midst. RICHARD A. KERN, M.D., *Professor of Medicine*, Temple University School of Medicine, Philadelphia, Pennsylvania.

3. Drawing by the President of the Faculty for Prize of two one hundred dollar U. S. Savings Bonds—Series E. If winners are not present, drawing will continue.
4. "The Girl with the Lamp." Nurse Recruitment Film. *Produced by the Woman's Auxiliary to the Baltimore City Medical Society in cooperation with the Maryland Society for Medical Research and the teaching hospitals of Maryland.*

Exhibits will be open from 9:00 a.m. to 5:00 p.m.

EXHIBITORS

Prominent firms, dealing in books and supplies required by physicians, as listed below, will exhibit during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although it was not convenient for them to exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore and the Seven-Up Bottling Company of Baltimore for the serving of free Coca-Cola and Seven-Up to those attending the Meeting.

1. A. S. Aloe Company
2. Ayerst, McKenna & Harrison Limited
3. The Baker Laboratories, Inc.
4. Beech-Nut Packing Company
5. A. J. Buck & Son
6. Coca-Cola Bottling Company of Baltimore
7. Herbert Cox—Correct Shoes
8. Desitin Chemical Company
9. Doho Chemical Corporation
10. The Drug Products Company, Inc.
11. Duke Laboratories, Inc.
12. E. Fougera & Company, Inc.
13. Graymar Company
14. Caroline deFord Hinrichs
15. Kloman Instrument Company, Inc.
16. The Liebel-Flarsheim Company
17. Eli Lilly and Company
18. Massachusetts Indemnity Insurance Company
19. Mead Johnson & Company
20. Murray-Baumgartner Surgical Instrument Company, Inc.
21. Nepera Chemical Company, Inc.
22. Ortho Pharmaceutical Corporation
23. Parke, Davis & Company
24. Pfizer Laboratories
25. William P. Poythress & Company, Inc.
26. A. H. Robins Company, Inc.
27. J. B. Roerig and Company
28. W. B. Saunders Company
29. G. D. Searle & Company
30. Seven-Up Bottling Company of Baltimore
31. Similac Division, M & R Laboratories
32. Raymond K. Tongue Company, Inc.
33. The Upjohn Company
34. U. S. Vitamin Corporation
35. Walker Laboratories, Inc.
36. The Williams & Wilkins Company

SUBCOMMITTEE ON EXHIBITS

EDWIN H. STEWART, JR., M.D., *Chairman*, Baltimore

MICHAEL I. O'CONNOR, Baltimore

JOHN A. STREVIG, PHAR.D., Baltimore

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Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the meeting.

**COMMITTEE TO COOPERATE WITH
AMERICAN MEDICAL EDUCATION
FOUNDATION**

Mr. President and Members of the House of Delegates:

It will probably come as a surprise to Maryland physicians, many of whom are graduates of either the University of Maryland or Hopkins, that their schools received from the American Medical Education Foundation over and above any connected with the recognized *alumnae* fund approximately \$25,000 each in the year 1953. This grant of \$50,000 to the medical schools of the state of Maryland was made in full recognition of the fact that the practicing physicians in Maryland and teaching staffs combined made a total contribution to the fund of less than one-eighth the total amount of that grant, that is \$6,452. In addition, that amount of \$6,452 was raised from 3.23% of the doctors in active membership of the Medical and Chirurgical Faculty of Maryland.

Of our more than 3,900 doctors in Maryland 127 physicians felt the desire to respond to this method of maintaining the high standards in our medical schools that it was their privilege to enjoy. The Chairman of the A.M.E.F. State Committee is grateful to all who cooperated in this total contribution and many good ideas are being considered to make it not only possible but more attractive for physicians to give to the foundation in the coming year.

This includes the Audio-Digest-Lecture-Service about which you will hear more. Profits of their project will go to the American Medical Education Foundation.

States such as Illinois with a membership of 13,000 through assessment gave over \$190,000 to the A.M.E.F. and Iowa also through assessment with a membership less by 1,000 than that of Maryland gave over \$9,000. It is hoped that these figures will stimulate those who have not been contributing into thinking in terms of positive action to be taken in the year 1954 in support of the American Medical Education Foundation.

Respectfully submitted,

NEWLAND E. DAY, M.D., *Chairman*

TURSTON R. ADAMS, M.D.

WALTER A. BAETJER, M.D.

JOHN G. BALL, M.D.
 J. H. BATES, M.D.
 KATHERINE A. CHAPMAN, M.D.
 STUART CHRISTHILF, JR., M.D.
 H. V. DAVIS, M.D.
 WILFRED W. EASTMAN, M.D.
 CHARLES R. FOUTZ, M.D.
 J. STANLEY GRABILL, M.D.
 DONALD B. GROVE, M.D.
 WILLIAM B. HAGAN, M.D.
 L. A. HOFFMAN, M.D.
 PHILIP A. INSLEY, M.D.
 W. O. McLANE, JR., M.D.
 ERNEST F. POOLE, M.D.
 PAUL H. ROYSE, M.D.
 THEODORE R. SHROP, M.D.
 M. H. SPRECHER, M.D.

ARMY MEDICAL LIBRARY COMMITTEE

Mr. President and Members of the House of Delegates:

No meeting has been held during the year because nothing further has been done in Washington, so far as we can learn, in regard to a new Army Medical Library.

Respectfully submitted,
 ANDREW C. GILLIS, M.D., *Chairman*
 JOHN T. KING, M.D.
 JOHN E. SAVAGE, M.D.
 LAWRENCE R. WHARTON, M.D.
 WALTER D. WISE, M.D.
 SAMUEL WOLMAN, M.D.

BLOOD BANK ADVISORY COMMITTEE

Mr. President and Members of the House of Delegates:

The Blood Bank Advisory Committee of the Medical and Chirurgical Faculty has had no requests for information or action since its report of March 1953.

Respectfully submitted,
 MERRELL L. STOUT, M.D., *Chairman*
 C. LOCKARD CONLEY, M.D.
 KENDRICK McCULLOUGH, M.D.
 WALTER C. MERKEL, M.D.
 H. RAYMOND PETERS, M.D.
 MILTON S. SACKS, M.D.
 BENEDICT SKITARELIC, M.D.
 JOHN WHITRIDGE, JR., M.D.

BUDGET COMMITTEE

Mr. President and Members of the House of Delegates:

The Budget Committee, as appointed in the fall of 1953, by the Chairman of the Council, Dr. C. R. Edwards, met with the Finance Committee on Wednesday, January 20, 1954, for the consideration of the current expenses of the Medical and Chirurgical Faculty and the budget as outlined for 1954.

After considerable discussion, which was mostly in the form of explanations on the current expenses by Mr. Kirkman, it was the unanimous opinion that the current expenses as outlined were justified and the budget for 1954 was acceptable.

A copy of the budget is as follows:

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

1954 BUDGET

ESTIMATED INCOME

From Dues

Baltimore City members (1334).....	\$57,900.00
County members (924).....	26,980.00

\$84,880.00

Baltimore City Medical Society

For use of facilities.....	400.00
For secretarial services.....	3,100.00

3,500.00

Baltimore City Dental Society

469 members at \$3.00.....	1,407.00
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State Board of Medical Examiners

Rental for 1215 Cathedral Street.....	1,680.00
Rental for Osler Hall.....	480.00

2,160.00

State Board of Nurses Examiners

Rental for Osler Hall.....	240.00
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State Nurses Association

Rental for 1217 Cathedral Street.....	2,000.00
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Forward.....	<u>\$94,187.00</u>
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Maryland League for Nursing					
Rental for 3rd floor, 1215 Cathedral Street					360.00
State Veterinarian Board					25.00
<i>Income from Invested Funds</i>					
<i>For General Purposes</i>					
Bowen Fund			\$668.00		
Bressler Fund			140.00		
Contingent Fund			356.00		
Ellis Fund			1,072.00		
Osler Endowment Fund			108.00		
Osler Testimonial Fund ($\frac{1}{2}$)			331.00		
Ruhräh Fund ($\frac{1}{2}$)			2,016.00		
Hiram Woods Fund			171.00	4,862.00	
<i>For Special Purposes</i>					
Cordell Fund			295.00		
Friedenwald Fund			57.00		
Trimble Fund			205.00	557.00	
Forward				\$5,419.00	\$94,572.00
<i>For Library Purposes and Lectures</i>					
Baker Fund			\$45.00		
Barker Fund			30.00		
Cowles Fund			25.00		
Finney Fund			663.00		
Frick Fund			1,146.00		
Harlan Fund			64.00		
McCleary Fund			60.00		
Osler Testimonial Fund ($\frac{1}{2}$)			331.00		
Stokes Fund			337.00		
Ruhräh Fund ($\frac{1}{2}$)			2,016.00	4,717.00	10,136.00
Income from Annual and Semiannual Meetings (see contra)					5,401.00
Income from Journal Advertising and Subscriptions (see contra)					17,358.00
Total					127,467.00
Less uncollectible dues and possible lower return on investments					2,467.00
					\$125,000.00

ESTIMATED DISBURSEMENTS

	1953 Expenditures	1954 Estimated	1954 Compared With 1953
1. Auditor	\$405.00	405.00	—
2. Communications	3,172.00	3,200.00	-28.00
3. Contributions	120.00	120.00	—
4. Fuel	2,582.00	2,600.00	+18.00
5. Gas, Electricity and Water	2,209.00	2,300.00	+91.00
6. Household and janitorial supplies and expense	515.00	600.00	+85.00
7. Insurance	1,272.00	1,300.00	+28.00
8. Interest	212.00	—	-212.00
8a. Journal expense	20,944.00	20,944.00	—
9. Legal fees	751.00	851.00	+100.00
10. Library expense, i.e. books, journals, supplies, etc.	4,399.00	4,399.00	—
11. Maintenance of property	1,459.00	1,459.00	—

	1953 Expenditures	1954 Estimated	+/-Compared With 1953
12. Meetings—Annual and Semiannual	\$6,645.00	7,500.00	+855.00
13. Miscellaneous	3,525.00	3,525.00	—
14. Office Equipment	657.00	750.00	+93.00
15. Office Supplies	891.00	900.00	+9.00
16. Printing	1,733.00	1,800.00	+67.00
17. Salaries and wages	48,156.00	48,310.00	+154.00
18. Taxes	1,568.00	2,020.00	+452.00
19. Travel	791.00	1,400.00	+609.00
20. Legislative expense	51.00	100.00	+49.00
21. New equipment	77.00	1,888.00	+1,811.00
22. Reserve for extraordinary repairs and improvements	1,398.00	3,500.00	+2,102.00
23. Transactions	854.00	850.00	-4.00
	\$104,386.00	110,721.00	+6,335.00

ADDITIONAL ITEMS REQUESTED

3 Stenographers at.....	\$2,600.00	7,800.00	7,800.00
1 Janitor.....		1,900.00	1,900.00
1 Typist for Library.....		2,080.00	2,080.00
Library expense.....	4,399.00		
	760.00		
	5,159.00		
	-4,717.00	442.00	442.00
Service to Committees.....		1,500.00	1,500.00
Special Accounts (per contra).....		557.00	557.00
Total.....	\$104,386.00	125,000.00	20,614.00

Respectfully submitted,
 WETHERBEE FORT, M.D., *Chairman*
 ROBERT V. CAMPBELL, M.D.
 RICHARD C. DODSON, M.D.
 ROBERT C. KIMBERLY, M.D.
 NORMAN E. SARTORIUS, JR., M.D.

CANCER COMMITTEE

Mr. Chairman and Members of the House of Delegates:

As you may note the personnel of the Cancer Committee for the past year has been greatly reduced in number for there seemed no great necessity for other than a skeletal organization which can be augmented when the necessity arises.

The vast majority of the work in the State has been conducted by the very efficient Maryland Division of the American Cancer Society. Their work has been outstanding and every year increases in scope. At present the campaign is beginning for the annual fund, which is \$316,000, and judging from past experience I am sure this will be collected. Their many activities include Detection Centers, talks before medical and lay societies, pathological service, supplying of drugs and dressings, financial assistance to the medically indigent, grants-in-aid for cancer research, etc. Several motion pictures on the subject of malignancy have been purchased and are available to the various societies. We, here in Baltimore, have been active in giving television presentations of the treatment of malignant diseases and this has been of great value as

proven by requests for their repetition. I am glad to say that as each year transpires the message of cancer control reaches more people and we are seeing fewer patients with marked evidence of cancer phobia.

We feel that the education of the people has made great strides and the individual is ever alert as to the possibility of its development. In re new methods of radiation therapy, several procedures have been developed which we believe will be very fruitful and tend to augur a greater percentage of cures.

Mrs. Thomas Cullen has given her residence on Eager Street as a permanent home for the Maryland Division of the American Cancer Society; however, this is being rehabilitated so that the office is still maintained at their present location, 1900 St. Paul Street. Anyone wishing more detailed information as to the Cancer Program in Maryland may contact this office at the above address.

Respectfully submitted,
 J. MASON HUNDLEY, JR., M.D., *Chairman*
 C. BERNARD BRACK, M.D.
 (See next page)

L. H. BRUMBACK, M.D.
 L. CLARENCE COHN, M.D.
 BEVERLEY C. COMPTON, M.D.
 WILLIAM K. DIEHL, M.D.
 WYLIE M. FAW, JR., M.D.
 GERALD A. GALVIN, M.D.
 HOWARD W. JONES, JR., M.D.
 JAMES T. MARSH, M.D.
 WILLIAM NEILL, JR., M.D.
 WILLIAM D. NOBLE, M.D.
 ARTHUR G. SIWINSKI, M.D.
 EDWIN H. STEWART, JR., M.D.
 RICHARD W. TELINDE, M.D.
 JAMES B. THOMAS, M.D.
 GRANT E. WARD, M.D.
 DALTON M. WELTY, M.D.

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

Your Committee on Constitution and By-Laws offers the following amendments to the Constitution for final action by the House of Delegates at its meeting in April, 1954. (Amendments appear in capital letters.)

It will be recalled that these amendments were presented and approved, Tuesday, April 28, 1953.

ARTICLE V—House of Delegates

Section 2.

The House of Delegates shall consist of (1) delegates elected by the component societies, each component society being entitled to elect one delegate for each 50 active members in good standing, or major fraction thereof; provided each component society shall be entitled to elect at least one delegate; (2) the membership of the Council; (3) ex-officio, the President, the incoming President, the immediate past President, the Chairman of the Library Committee, the delegates to the House of Delegates of the American Medical Association; and (4) one member elected by the State Board of Medical Examiners.

Amendment:

Delete: (3) EX-OFFICIO, THE PRESIDENT, THE INCOMING PRESIDENT, THE IMMEDIATE PAST PRESIDENT, THE CHAIRMAN OF THE LIBRARY COMMITTEE, THE DELEGATES TO THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION: AND (See page 413.)

Change: Number (4) to read (3) (See page 413.)

Explanation: This Section has been deleted on recommendation of the Council as ARTICLE VI, Section 2, contains this information. Take note, in this Section, that the following has not been amended: "one member elected by the State Board of Medical Examiners."

ARTICLE VI—Council

Section 2.

The Council shall consist of (1) fifteen Councilors; and (2) the President, the immediate past President, the Presi-

dent-elect, the Secretary, the Treasurer, and the Chairman of the Library Committee, and Delegates to the American Medical Association House of Delegates, AND CHAIRMAN OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS. (See page 413.)

Amendment:

Delete: AND (after Treasurer) (See page 413.)
 AND (after Committee)

ARTICLE VII—Officers

Section 3.

All officers, except Councilors, shall serve a term of one (1) year. The term of the Councilors shall be for three (3) years from the date of their installation into office, PROVIDED HOWEVER THAT NO COUNCILOR MAY SERVE MORE THAN TWO (2) CONSECUTIVE ELECTED TERMS. (See page 414.)

Explanation: The Resolution presented and adopted by the House of Delegates September 1952, regarding terms of Councilors, will be recalled. "Be it Resolved that the Baltimore County Medical Association recommends that the elected members of the Council of the Medical and Chirurgical Faculty of the State of Maryland be limited to two (2) consecutive terms."

(Presented and approved, Wednesday, April 29, 1953.)

ARTICLE VIII—Sessions and Meetings

Section 2.

Special meetings of either the Faculty or the House of Delegates may be called by the President or on petition of 10 delegates or 20 members respectively.

Amendment:

Change: Figure "20" to read: "50" (See page 414.)

Explanation: At present, the membership is approximately 2,451, and there are approximately 79 members of the House of Delegates. Our Committee called attention to ARTICLE VIII, Section 2, pertaining to Sessions and Meetings and questioned whether twenty (20) members is not too small a number to petition for special meetings of either the Faculty or the House of Delegates, in view of the growth of the Medical and Chirurgical Faculty, and recommended that the figure be changed to fifty (50).

For method of adoption the following is quoted from the Constitution Article XIV Amendments. The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

The above Amendments were sent officially to each Component Society February 25th, 1954. They are now presented for your final action.

The following Amendment to the By-Laws is proposed: CHAPTER II, Section I (d), under Dues and Assessments now reads:

"The dues of a licensed physician in Maryland who holds an academic position on a full time salary basis,

other than as a fellow or house officer, shall be \$15.00 per annum during the first five years of his academic position."

The Special Committee appointed by Dr. Pincoffs, President, November 3, 1953, to study the above section of the By-Laws dealing with the dues of licensed physicians holding academic positions recommends that this Section be amended to read as follows:

"THE DUES OF A LICENSED PHYSICIAN IN MARYLAND WHO HOLDS AN ACADEMIC POSITION ON A STRICT FULL TIME SALARY BASIS, OTHER THAN AS A FELLOW OR HOUSE OFFICER, SHALL BE \$10.00 PER ANNUM AS LONG AS HE HOLDS A RANK BELOW THAT OF AN ASSOCIATE PROFESSOR." (See page 414.) (See page 405 for action of House of Delegates and page 463 for Report of Special Committee in Regard to Dues of Academic Physicians.)

For method of adoption of By-Laws the following is quoted: CHAPTER XI Amendments. These By-Laws may be amended at any Annual Meeting of the House of Delegates by a majority vote of all the delegates present at that session, after the amendment has laid on the table for one day; or at any Semiannual Meeting by a majority vote of all the delegates present at that session, providing the amendment has been sent officially to all the delegates at least 30 days prior to the Semiannual Meeting.

This Amendment is now presented and if approved final action will be taken at the Wednesday morning, April 28, 1954, meeting. (See page 414.)

Respectfully submitted,
A. AUSTIN PEARRE, M.D., *Chairman*
E. COWLES ANDRUS, M.D.
DONALD HOOKER, M.D.
W. HOUSTON TOULSON, M.D.

EUGENE FAUNTLEROY CORDELL FUND COMMITTEE

Mr. President and Members of the House of Delegates:

There were no beneficiaries during 1953 from this Fund. The original amount of the Cordell Fund was \$4847.97. During the years very little of the income has been used, since the requests for assistance have been few. As a result, the income has accumulated until now it exceeds the principal, the total amount being \$5197.19. In December of 1953 the Finance Committee authorized that some of this accumulated income be invested and 27 shares of Eastman Kodak Company common stock and 100 shares of the Maryland Casualty Company common stock were purchased, amounting to \$4127.07. This leaves a cash balance in the Fund of \$1070.12. Should the need ever arise these investments can be sold and the money used the same as previously.

Respectfully submitted,
T. NELSON CAREY, M.D., *Chairman*
JAMES K. GRAY, M.D.
WILLIAM L. HOWARD, M.D.
FRANK F. LUSBY, M.D.
GEORGE ALLEN MOULTON, JR., M.D.

CURATOR

Mr. President and Members of the House of Delegates:

Last year (1953), I made the first formal report on our valuable collections of books, portraits and many other museum pieces inherited from the past. I can only add a few words to my report of last year; the same things are there and have been for years, and each year, as this year, more are added. Our most important acquisition is the portrait of Dr. John Ruhrhah, which is to be presented to the Faculty during this Annual Meeting by Dr. Fred B. Smith. (See page 402.)

Who knows about or sees these things? Who knows about the Washington Medical College? Who knows who founded it? What year (1827); where located? You can find all the answers to this and many other questions and at the same time enjoy our other valuable relics of the past; only if you come to your building and see your possessions, can you feel the pleasure that only is given to you through your eyes.

If you don't come, then the pleasure is lost. Do come, I am sure a few minutes of your time will be amply repaid.

Respectfully submitted,
J. ALBERT CHATARD, M.D.

DIABETES DETECTION COMMITTEE

Mr. President and Members of the House of Delegates:

The objective of this Committee is to find those individuals who have diabetes and are unaware of it and refer them to the physician of their choice for treatment.

During the week of November 15 through 21, 1953, a detection center was maintained at the 104th Medical Battalion Maryland National Guard Armory, Baltimore. The center was open to the public from noon to 9:00 p.m. In this way facilities were made available to large groups of employed as well as unemployed people. This Drive was unique in that it was not a fund raising campaign. Its conduction and success was entirely dependent on volunteer assistance. The Committee appreciates the untiring efforts of the following—Maryland Dietetic Association, Maryland Association of Hospital Auxiliaries, Maryland Pharmaceutical Association, Baltimore Retail Druggist Association, Baltimore City and Maryland State Departments of Health, Maryland Tuberculosis Association, the 104th Medical Battalion Maryland National Guard and the United States Public Health Service. Governor Theodore R. McKeldin proclaimed the week as Diabetes Week in the State of Maryland. Mayor Thomas D'Alesandro, Jr., not only proclaimed the week for the City of Baltimore, but was the first person to be screened at the center.

Each individual coming to the center had a specimen of urine, voided 1 to 2 hours after a meal, and a sample of blood tested for sugar. Blood sugar determinations were made by the Wilkerson-Heftmann Method utilizing the new Hewson Clinirion. An X-ray examination of the chest not primarily for diabetes but still most important, was carried out on those who so desired.

Exhibits on diabetes—diabetic diets, drugs and sundries used in the treatment of diabetes and educational displays were viewed and enjoyed by all.

A total of 3266 persons received blood and urine tests for

diabetes. Of these persons tested, 217 were positive, 96 of whom had no previous history of diabetes. Assistance was given to a local Industrial Clinic where 3104 additional individuals were screened.

Important objectives are accomplished by drives of this kind—a substantial number of unknown cases are found, many patients known to have diabetes but neglecting themselves are inspired to resume proper and adequate treatment, and the diabetic as well as the general public learns to understand diabetes better through the sound and authoritative information released at the center and through such public channels as radio, television and the press.

The activity and scope of this committee has grown year by year and it is now felt that more assistance from the Faculty in the way of clerical help and financial aid should be forth coming if it is desired that this work continue. (See page 411.)

Respectfully submitted

J. SHELDON EASTLAND, M.D., *Chairman*
 E. IRVING BAUMGARTNER, M.D.
 T. NELSON CAREY, M.D.
 JAMES D. CARR, M.D.
 J. WILFRID DAVIS, M.D.
 PERRY FUTTERMAN, M.D.
 FRANK J. GERAGHTY, M.D.
 DAVID J. GILMORE, M.D.
 LEWIS P. GUNDY, M.D.
 J. ROY GUTHIER, M.D.
 JOHN H. HORNBAKER, M.D.
 BENJAMIN F. JONES, M.D.
 CHARLES F. O'DONNELL, M.D.
 HAROLD PLUMMER, M.D.
 J. EMMETT QUEEN, M.D.
 GEORGE G. SCHLESINGER, M.D.
 FRANK M. SHIPLEY, M.D.
 A. A. SILVER, M.D.
 BENEDICT SKITARELIC, M.D.
 RALPH S. STAUFFER, M.D.
 LESTER A. WALL, JR., M.D.

MARYLAND STATE MEDICAL JOURNAL, *Editor*

Mr. President and Members of the House of Delegates:

During the past year it has been possible to organize the editorial staff of the Maryland State Medical Journal on a much more satisfactory basis. Office space has been allotted and a secretary has been obtained. It is believed that this will eventually result in a much more superior type of Journal.

The Journal, generally speaking, seems to be popular with the majority of the membership. Advertising has been satisfactory, however, it would be of extreme help if more local advertising could be obtained. It is hoped that the Journal eventually can be placed on a basis where it becomes entirely self-supporting. At the present time it seems that continuation of the dollar and a half contribution from the membership dues of each member is requisite.

Respectfully submitted,
 GEORGE H. YEAGER, M.D., *Editor*

GERIATRICS COMMITTEE

Mr. President and Members of the House of Delegates:

The activities of the Committee on Geriatrics of the Medical and Chirurgical Faculty of the State of Maryland during the past year have been carried out jointly with the Committee on Geriatrics of the Baltimore City Medical Society. During the year there were held three clinics on Geriatrics; at Levindale, City Hospitals, and the Baltimore Home for Incurables. There was also formed a small circulating library of books on Geriatrics which made the rounds through a number of hospitals in the city of Baltimore. The committee is contemplating to pass on the library to some of the hospitals in the counties.

Recently, the Committee on Geriatrics of the Baltimore City Medical Society has taken on a project in cooperation with the Baltimore Museum of Art. The State Committee is joining, in the carrying out of the activities connected with this project.

Briefly, the project consists of an exhibition of paintings depicting the processes and the effects of Aging on the human body including, the facial expressions, indicating the inner emotions, frustrations, disappointments as well as achievements of the aged person. The exhibition will also present works of art by the old masters as well as contrasts, of what the artist produces in his younger days and in his advanced years.

The exhibition will last from October 19th of this year to the end of November, a period of about six weeks.

During the period of the exhibition a number of activities will be arranged. These will consist of seminars, panels, conducted visits to the exhibition and a number of receptions to individuals or groups.

The present indications are that many segments of the community will participate in this project. It is hoped that the exhibition as a backdrop to the various programs, will add considerably to the public interest in the multiplicity of the problems of the Aging members of the community.

Respectfully submitted,

HERMAN SEIDEL, M.D., *Chairman*
 WALTER A. ANDERSON, M.D.
 THURSTON HARRISON, M.D.
 LAURISTON L. KEOWN, M.D.
 LOUIS KRAUSE, M.D.
 NATHAN E. NEEDLE, M.D.
 A. AUSTIN PEARRE, M.D.

COMMITTEE ON INDUSTRIAL HEALTH

Mr. President and Members of the House of Delegates:

The Committee on Industrial Health held several meetings in the course of the year. As compared with the work of similar committees in other states, we have not been able to enlist the cooperation or interest of industry, and this is to be regretted. However, we feel that we have functioned as a clearing house for information on matters of industrial health, and have been consulted by a number of physicians, several industrial nurses, and at least one business organization.

In addition, we have been able to give advice on the placement of physicians who are interested in obtaining work of this

sort. The dissemination of knowledge, particularly concerning occupation diseases amongst physicians, is important, and members of the Committee have carried out a number of speaking engagements on one phase or another of the diagnosis, prevention or treatment of such diseases.

Respectfully submitted,

NATHAN B. HERMAN, M.D., *Chairman*
 ROBERT VAN LIEU CAMPBELL, M.D.
 ROBERT F. CHENOWITH, M.D.
 WALTER E. FLEISCHER, M.D.
 WILLIAM L. GARLICK, M.D.
 HUGH C. GILL, M.D.
 W. R. HODGES, JR., M.D.
 JOHN V. HOPKINS, M.D.
 ROBERT H. RILEY, *ex officio*, M.D.
 BENJAMIN H. RUTLEDGE, M.D.
 LEROY W. SAUNDERS, M.D.
 W. KENNEDY WALLER, M.D.
 WILLIAM F. WILLIAMS, M.D.
 HUNTINGTON WILLIAMS, *ex officio*, M.D.

LEGISLATIVE COMMITTEE

Mr. President and Members of the House of Delegates:

Since the 1954 Session of the Maryland General Assembly was a "Short Session," little of medical interest was introduced and much of the material proposed was not acted on.

House Bill 27 concerning the definition of Chiropody without any other provision was introduced and passed. Since this definition had been reviewed by the Council, we did not oppose this bill.

House Bill 147 provided for a change in the Advisory Board on Hospitalized licensing of the State Board of Health. After several conferences the bill was finally amended so as not to increase the number on the Board but to provide that one of the members nominated by the Hospital Association would be an owner or operator of a licensed nursing home. This was passed as amended.

Other bills relating to first, the Board of Homeopathic Physicians; second, House Bill 110 requiring a fee of \$1.00 from all patients treated at clinics conducted by the State Health Department; third, Senate Bill 58 concerning the Medical Board of the State Industrial Accident Commission; fourth, Senate Bill 106 concerning appeals from action of the Board of Medical Examiners in event of revocation of license of a practicing physician. These bills were considered but held in Committee without report either because of the fact that they were not emergency in nature or in the one case that the bill was improperly drawn.

The Legislative Committee desires to express its deep appreciation for the excellent work done by Mr. Walter Kirkman in this Session. He spent considerable time and effort in keeping track of the legislation and did a very effective job for the Society.

It is very evident that we must have a good legislative agent for the regular session coming up in 1955 and since we have been authorized to do so, your Committee, together with Mr. Kirkman, will see that the Society is well represented.

Respectfully submitted,

KARL F. MECH, M.D., *Chairman*
 FREDERIC V. BEITLER, M.D.
 THOMAS A. CHRISTENSEN, M.D.
 MELVIN B. DAVIS, M.D.
 GEORGE O. EATON, M.D.
 RAYMOND F. HELFRICH, M.D.
 WILLIAM T. LAYMAN, M.D.
 WILLARD S. PARSONS, M.D.
 DANIEL J. PESSAGNO, M.D.
 J. G. F. SMITH, M.D.
 JAMES E. STONER, JR., M.D.
 GEORGE E. URBAN, M.D.

MARYLAND MEDICAL SERVICE, INC.

Mr. President and Members of the House of Delegates:

This is the 4th annual meeting of Maryland Medical Service, and 1953 was its third full year of operation. It has been a year of steady and healthy growth, and our gains have been substantial. We as Trustees are now responsible for a very sizable operation, embracing over 220,000 persons in the community, with a growing annual income, approaching \$2,000,000 in 1953.

The year 1953 saw membership under our standard program increase by 33%, from 84,738 to 112,475 at the year end. Widening interest in the program is evidenced by the increasing number of groups enrolled—now a total of 2,985, or 565 more than were reported at the end of 1952. More and more groups with Blue Cross coverage are adding Blue Shield, and nearly all new groups sold are now taking both coverages. The outlook is encouraging.

Our income in 1953 was \$1,703,764, and out of this we paid 82.2% in benefits to subscribers. This percentage was slightly less than in the previous year, resulting in part from the adjustments in the fee schedule and subscription rates which were effected September 1, 1952. After all expenses, we were able to put 6.6% of income aside for reserves, somewhat more than in 1952. Funds available for reserves have not been wholly adequate in the three years of the Plan's operations, and the small additional amount available for reserves in 1953 was most welcome.

Benefits were paid in 1953 to some 22,913 subscribers, or about one out of every ten enrolled, as compared with 18,633 subscribers in 1952. Under the standard program only, 62% of the cases involved surgery, 26% were medical, and the remaining 12% obstetrical. The importance of in-hospital medical coverage, not available in many other Blue Shield Plans, is apparent from these figures.

The number of participating physicians also increased during the past year, to a new high of 1,736. This is concrete evidence of the increasing acceptance and support of the program by physicians throughout the State. And every doctor added to the list of participants increases the value of the Blue Shield program to the community.

Our biggest job ahead is a selling job. We are still a long way from our potential, having enrolled to date only 25% of the total Blue Cross subscribers. It is not an easy job, and is much more difficult than selling Blue Cross. Commercial competition

in the area of surgical and medical coverage is much keener than in the field of hospitalization, and our late start in Maryland means that in most large groups we are faced with replacing an existing surgical and/or medical insurance. Also, with the "service" feature limited to subscribers with incomes under \$4,000, this is simply not as powerful a selling factor as the service feature in Blue Cross. It applies to only about 50% of the subscribers, and for the remainder the program simply helps to pay the medical bills in exactly the same fashion as does commercial coverage.

Sooner or later a more realistic income provision must be established, and the fee schedule increased accordingly. Surgical care rendered in out-patient departments and in physicians' offices should be covered. But the Director believes, and I agree with him, that these and other improvements in the Plan should not be undertaken immediately but should await some further growth in membership. During our first three years of operation we have had to make several changes in fees and in rates; too frequent changes can be detrimental and lead to adverse reaction from both the public and the participating physicians. Also, we need a little more time to strengthen our finances and our reserve position.

The special surgical program for Bethlehem Steel, under which we had 109,000 persons enrolled at the year-end, will be re-negotiated in 1954, and I am informed that this program will be one of the first matters of business for the new Board of Trustees. The Director tells me that the changes proposed will be very extensive and that retention of this contract will present a major challenge to the Plan and to the medical profession this year. This has been an important piece of business for us locally, and it is a "prestige" account for Blue Shield nationally.

Dr. Henry F. Ullrich was elected President for 1954 of the Maryland Medical Service.

Respectfully submitted,
HUGH J. JEWETT, M.D., President
(See page 416.)

MATERNAL AND CHILD WELFARE COMMITTEE

Mr. President and Members of the House of Delegates:

MATERNAL SECTION

During the year 1953 your Committee continued its activities with its principal interest the study of maternal deaths in the counties of Maryland. The Committee is happy to report a further reduction in maternal mortality and especially among the negro patients. Here for the first time, the rate is only one per thousand. Among white patients the rate is 0.5 and the combined is 0.6. The Committee feels that the cooperation of the Faculty in recommending more obstetrical beds for negro patients and the response of a number of the hospitals in the state to this request is responsible in a large measure for the reduction in mortality in this group.

During the year, 1953, there were 21 maternal deaths among the residents of the counties of Maryland. The causes of death are as follows:

Embolism (Amniotic Fluid 2)	8
Toxemia	5
Hemorrhage	5
Infection	1
Anesthesia	1
Shock without hemorrhage	1

Of the hemorrhage deaths, 2 followed abortion, 2 followed term delivery and 1 was a case of placenta previa in which the patient received mis-matched blood. It may be that this death should not be assigned to hemorrhage.

Of these 21 deaths, autopsies were obtained in 8 or 38%. The Committee feels that this is a very pleasing percentage, but that it could and should be higher. All physicians are urged to do all in their power to raise this 38% of autopsies to as near 100% as possible.

Of the 21 deaths, the Committee reviewed 19, the remaining two being incomplete. Of these 19, it was felt that 9 or 47% should be judged preventable. This percentage of preventable deaths is the lowest we have ever had, the average of past years being around 65%. This speaks well for the care given obstetrical cases in our community. Among those for which the physician was held responsible, there were errors of commission and omission. These have been pointed out in individual letters to the attendants.

As in previous years the Committee was greatly impressed by the cooperation of the physicians in filling out the report forms and in presenting every possible bit of information about the deaths.

As for specific recommendation, the Committee requests that all hospitals in the state, either individually or in a group obtain a supply of "Fibrinogen" for use in those occasional cases of afibrinogenemia, more or less peculiar to pregnancy. This product can be life-saving if available and used properly. While moderately expensive, the cost is not prohibitive and the occasion for its use is rare. (See page 411.) At the same time that the procurement of this product is urged, the Committee feels that a word of caution is needed to the effect that it can easily be abused, and administered in non-indicated cases. A definite diagnosis of hypofibrinogenemia or afibrinogenemia should first be established.

PEDIATRIC SECTION

During 1953 the Pediatric Section continued to devote a large part of its time to the study of the causes of premature death in the counties of Maryland. Conditions associated with prematurity still account for the largest percentage of infant deaths in Maryland.

Preliminary figures for the State for 1953 show 1,673 infant deaths, with 739 deaths among premature infants, or approximately 44% of all infant deaths were associated with prematurity. There were 672 infant deaths with 281 premature deaths for Baltimore City among 22,632 live births, and 1,001 infant deaths with 458 premature deaths for the counties among 36,343 live births.

Final figures for Maryland for 1953 show that for the state as a whole 7.3% of the infants born weighed less than 5½

pounds (2500 grams) and were premature.* This small minority (7.3% of the births) were responsible for 44% of the deaths. It is evident that the problem of prematurity still constitutes by far the greatest problem in the further reduction of infant mortality. Continued effort should be made toward the prevention of prematurity by better maternity care as well as the improvement of hospital and home care of infants in the low weight groups.

Eighty-six survey forms were sent to physicians in the counties who reported deaths of prematurely born infants who survived 48 hours or more. 69 of these questionnaires were returned which shows excellent response from the physicians. These 69 deaths were reviewed by the Committee. The causes of death in order of their frequency were: immaturity, aspiration, infection, congenital anomalies, and intracranial hemorrhage. There were 29 autopsies performed among these 69 deaths. For the previous two years only, 14 autopsies a year have been reported. This shows a very commendable increase and adds considerably to the knowledge of the causes of premature deaths.

The general medical and nursing care given premature infants has steadily improved throughout the state during the past several years. The Pediatric Section continues to revise and keep up to date the brochure "Suggested Guide for the Care of Premature Infants" for the benefit of the physicians in the counties. Since the prolonged use of high oxygen concentration may be related to the development of retrorenal fibroplasia, the section on the use of oxygen was revised in 1953.

The Pediatric Section investigated the possibility of reviewing all infant deaths. A small sampling was tried with questionnaires being sent out. The Committee felt from the information obtained on these questionnaires that there would be very little value derived from this undertaking and it was not pursued.

The Committee was quite concerned with the fact that despite a steady decline in the infant mortality rate the infant deaths in the first 48 hours of life have changed very little in the last 40 years. After analyzing the neonatal deaths for a period of about 6 months, it was found that many of the deaths within the first 48 hours were associated with obstetrical factors. The Pediatric Section referred this fact and the analysis of these deaths to the Maternal Section suggesting that the maternal committee undertake a survey of these deaths.

The Pediatric Section also requested that the Joint Committee urge that Blue Cross coverage be extended to include premature infants. The Pediatric Section has been advocating this for some time and now urged that both sections collaborate in again bringing this to the attention of the Blue Cross officials. (See page 411.)

Respectfully submitted,

LOUIS H. DOUGLASS, M.D., *Chairman*
J. EDMUND BRADLEY, M.D., *Vice-Chairman*
GEORGE W. ANDERSON, M.D.
ARTHUR BAPTISTI, JR., M.D.
JOHN MCF. BERGLAND, M.D.

* According to the definition used by the "Manual of International Statistical Classification of Diseases, Injuries, and Causes of Death 1948."

ANNIE M. BESTEBREURTJE, M.D.
HARRY D. BOWMAN, M.D.
THOMAS A. CHRISTENSEN, M.D.
STUART CHRISTILF, JR., M.D.
GEORGE H. DAVIS, M.D.
DARIUS MCC. DIXON, M.D.
NICHOLSON J. EASTMAN, M.D.
H. W. ELIASON, M.D.
A. H. FINKELSTEIN, M.D.
S. BUTLER GRIMES, M.D.
WILSON GRUBB, M.D.
RUSSELL L. GUEST, M.D.
I. R. HANSON, M.D.
JANET B. HARDY, M.D.
PAUL HARPER, M.D.
JOHN S. HAUGHT, M.D.
W. ROYCE HODGES, JR., M.D.
WILLIAM K. MANSFIELD, M.D.
WILLIAM C. MORGAN, M.D.
J. MORRIS REESE, M.D.
JOHN E. SAVAGE, M.D.
ALEXANDER J. SCHAFER, M.D.
FRANCIS F. SCHWENTKER, M.D.
JEAN R. STIFLER, M.D.
WILLIAM C. STIFLER, JR., M.D.
BYRON D. WHITE, M.D.
JOHN WHITRIDGE, JR., M.D.

MEDICAL ADVISORY COMMITTEE TO SELECTIVE SERVICE

Mr. President and Members of the House of Delegates:

The Maryland Advisory Committee to Selective Service is still functioning, but due to the fact that no Priority III doctors are to be called into service before July 1, the number of doctors processed has dropped quite perceptibly. At the present time, only those doctors in Priority I and Priority II classifications who have Reserve Commissions are being called into the service.

I believe that after July 1, it will be necessary to call up some Priority III doctors born since August 30, 1922, for re-placements for those doctors whose tour of duty has been completed. I see no evidence of the possibility of calling up doctors in Priority III over 32 years of age within the foreseeable future.

Respectfully submitted,
R. WALTER GRAHAM, JR., M.D., *Chairman*

COMMITTEE ON MEDICAL RESEARCH

Mr. President and Members of the House of Delegates:

I wish to submit a negative report for the Committee on Medical Research.

Respectfully submitted,
R. WALTER GRAHAM, JR., M.D.,
Chairman
ALFRED BLALOCK, M.D.
ALAN M. CHESNEY, M.D.
C. REID EDWARDS, M.D.

WARFIELD M. FIROR, M.D.
 WETHERBEE FORT, M.D.
 ALBERT E. GOLDSTEIN, M.D.
 JOHN H. HORNBAKER, M.D.
 DAVID I. MACHT, M.D.
 STANLEY H. MACHT, M.D.
 L. A. RADEMAKER, M.D.
 W. ALFRED VAN ORMER, M.D.
 THEODORE E. WOODWARD, M.D.
 GEORGE H. YEAGER, M.D.
 H. BOYD WYLIE, *ex officio*, M.D.

JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS

Mr. President and Members of the House of Delegates:

This Committee is divided into the following: Symposium Management Subcommittee, Interprofessional Relations Subcommittee, and Court Procedure Subcommittee. These subcommittees have met during the past year.

However, the Symposium Management Subcommittee has met more frequently and arranged the meetings, which were held in Osler Hall, as indicated:

1. Use and Abuse of Drugs and Cosmetics, May 15, 1953. Participants: Mr. John S. Stanley, Dr. Kenneth C. Blanchard, Dr. Leslie N. Gay, Dr. Milton S. Sacks, Mr. Paul C. Wolman, Jr.
2. The Compulsory Use of Chemical Tests for Alcoholic Intoxication, October 23, 1953. Participants: Dr. Russell S. Fisher, Dr. John C. Krantz, Dr. Lewis P. Gundry, Mr. George D. Solter.
3. Symposium on the Medical and Legal Aspects of Malpractice, February 4, 1954. Participants: Mr. L. G. Sasscer, Dr. W. M. Firor, Dr. H. F. Ullrich, Mr. R. D. Bartlett, Mr. W. D. MacMillan.

These Meetings have been very well attended and interest has perhaps been greater for the legal profession than it is for the medical profession. This is easily understood because of the nature of the programs and of their respective interests. Certainly the enthusiasm of both groups has not diminished and it is anticipated that the symposia will continue and will certainly offer an opportunity for the legal and medical groups to better understand each other. The papers which are presented at these symposia are published in the Maryland State Medical Journal.

Respectfully submitted,
 LOUIS KRAUSE, M.D., *Chairman*
 CONRAD ACTON, M.D.
 LEO BRADY, M.D.
 RUSSELL S. FISHER, M.D.
 MANFRED S. GUTTMACHER, M.D.
 CHARLES A. REIFSCHEIDER, M.D.
 R. CARMICHAEL TILGHMAN, M.D.
 I. RIDGEWAY TRIMBLE, M.D.
 HENRY F. ULLRICH, M.D.
 WALTER D. WISE, M.D.

MEMOIR COMMITTEE*

Mr. President and Members of the Medical and Chirurgical Faculty:

Each new year welcomes new faces into the membership of the Faculty at the same time that we must pause to mourn the loss of the old and familiar friends. The sense of continuing purpose in this fellowship of service has two uses. It tempers the youthful expectation of turning the world upside down for there are severe limitations on a mere man's strength and life span. At the same time it relieves the despondency of age, for there arise ever new energies to carry on the unfolding creation of a new and better world, when each life's end draws him back into the matrix of creative power, whose grace it is to accord each earnest soul an active participation in the expanding glory.

Our present scene has lost to the Cloud of Witnesses in the past year many names, whose memory spurs us on to stronger endeavour and a truer devotion to the ideals of service we have received and must pass on. Teachers, mentors, comrades, well-remembered figures in the Faculty, close friends in this full life, we hear their names with reverent affection.

Anne Arundel County

Willoughby, Maxwell Kemper.....November 29, 1953

Baltimore City

Bayer, Ira Eugene, Jr.	October 25, 1953
Baylor, John Ward	November 25, 1953
Beissinger, Heinz Frederick	September 15, 1953
Branon, Alfred Brooks	February 28, 1954
Cullison, Robert M.	November 4, 1953
Edlow, Ernest S.	April 25, 1953
Eisenberg, Albert	April 24, 1953
Friedman, Paul N.	July 5, 1953
Galvin, Thomas K.	September 19, 1953
Hewitt, J. Frank	November 13, 1953
Hutchins, Elliott Holdsworth	August 24, 1953
Kelly, Bernard V.	April 14, 1953
Kieffer, Richard F.	April 1, 1953
Lillich, Bertram A.	August 15, 1953
Longcope, Warfield T.	April 25, 1953
Lubin, Paul	December 23, 1953
Marvel, Norman Clyde	February 2, 1954
Miller, Meyer	January 11, 1954
Pound, John C., Sr.	November 27, 1953
Seliger, Robert Victor	April 24, 1953
Sinskey, Henry L.	September 15, 1953
Skillman, Wilbur F.	November 6, 1953
Tenner, David	May 30, 1953
Tonolla, E. Howard	May 1, 1953
Wolff, Thomas Conrad	August 25, 1953

* See Annual Meeting Program, Tuesday evening, April 27, 1954. (Page 442.)

Kent County

Dedman, James E.....	March 3, 1953
Simpers, Henry G.....	September 9, 1953

Montgomery County

Bauersfeld, Emil G.....	December 13, 1953
Gadol, William N.....	January 17, 1954

Prince George's County

Griffith, W. Allen.....	June 16, 1953
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St. Mary's County

Camalier, F. A.....	November 8, 1953
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Somerset County

Schwatka, C. Taylor.....	July 10, 1953
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Talbot County

Stevens, A. Mc. C.....	January 31, 1954
Willson, Spry Denny.....	April 8, 1953

Washington County

Norment, Robert Baxter.....	April 6, 1953
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Wicomico County

Nock, Randolph M.....	December 15, 1953
Williams, Jack K.....	July 27, 1953

Worcester County

Dickerson, John D.....	June 28, 1949
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Respectfully submitted,

A. S. CHALFANT, M.D., *Chairman*, Baltimore
 ARCHIE R. COHEN, M.D., Baltimore
 BENJAMIN KADER, M.D., Baltimore
 W. N. PALMER, M.D., Easton

MENTAL HYGIENE COMMITTEE**Mr. President and Members of the House of Delegates:**

At the request of the Secretary, this Committee considered a proposal of the American Medical Association Committee on Mental Health that a joint meeting be held of that Committee, the American Psychiatric Association, and the executives of the thirty or more organizations at a national level, active in the mental health field.

Your Committee recommended that the Medical and Chirurgical Faculty express its interest in and support of such a meeting.

Your Committee is conducting a panel discussion at the Annual Meeting on the morning of Tuesday, April 27, 1954. It is considering other activities, but is not yet ready to report upon them. It has no recommendations at this time.

Respectfully submitted,

HARRY M. MURDOCK, M.D., *Chairman*
 DEXTER M. BULLARD, M.D.
 ROBERT E. GARDNER, M.D.

COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE***Mr. President and Members of the House of Delegates:**

Although no formal sessions of the Committee on National Emergency Medical Service have been held, the course outlined for development of the medical program in the last meeting of the State Civil Defense Medical Advisory Council, of which this Committee is the steering group, has been the course followed throughout the year now being reported upon.

It is felt that the footing of the medical program for Civil Defense has become considerably more firm in the State during this year. This has been brought into evidence as follows:

- (1) by the increased interest of groups of physicians in exploring and planning for their role in the Civil Defense program;
- (2) by the measures effected to vitalize the medical units already in existence;
- (3) by the impetus given towards developing a reservoir of emergency and reserve hospitals to complete the facilities for casualty care.

During the past six months two of the larger county medical societies of the State have devoted part of a monthly meeting to Civil Defense and one also to a full session on this subject. During this same period the professional staffs of three of the larger hospitals of the State have devoted staff sessions to the subject of Civil Defense and the Hospital Conference of the City of Baltimore has devoted two of its monthly meetings entirely to the subject of Civil Defense hospitalization. In addition, representatives of the profession in small groups or individually have assisted in a considerable number of Civil Defense conferences in the city and counties.

Although the number of casualty clearing stations in existence at the time of the last report (207) has been somewhat increased (212) and a large number of individuals have been added to these stations, the main emphasis during the year has been directed towards instilling into these units a knowledge of their function and an improvement in their technical effectiveness and unit esprit. On April 19, 1953, a Medical Policy Conference was conducted in Baltimore, attended by all Medical Civil Defense Directors and key personnel of medical units throughout the State. A panel of officials at this conference answered questions explaining the State's complete medical program and also the mission of individual units and the importance of their assuming individual activity.

Within the past few months training programs have been furnished to the heads of each of the casualty clearing stations and demonstration sets of equipment are being provided and training teams developed for each of the defense regions of the State. One hundred and fifty of the State's casualty clearing stations now have their full complement of initial equipment stored in the vicinity of the station sites.

Plans for patient evacuation and internal expansion have been prepared by the general hospitals in Anne Arundel,

* John M. Welch, M.D. (Col., USA, Ret.), Chief, Medical Services, Civil Defense, presented this report for Dr. Robert H. Riley.

Montgomery, Prince George's, Frederick, Cecil and Wicomico Counties. In these counties also buildings have been selected and staffs have been set up for 7 emergency hospitals in addition to the permanent hospitals. The personnel already assigned to these hospitals as their Civil Defense staff number 107 physicians, 326 nurses and 228 technical and other personnel.

Internal expansion and evacuation plans have also been prepared by all of the general and special hospitals in Baltimore City. Provision of emergency hospitals for the City, however, is being radically revised. The increased area of destructiveness to be expected from the larger calibre of atomic weapons has resulted in studies aimed toward the removal of emergency hospital sites from the center of the city to locations outside of the recalculated burst area. Increased casualty estimates have also resulted in plans for a greater number of emergency hospital units in appropriate buildings within this circular band of hospitalization on the outskirts of the city, extending into the surrounding counties. The equipments for these emergency hospitals are designed to solve the initial needs for casualty care during the first several hours of activity. Twenty of these initial equipments, each weighing twelve and a half tons, have been purchased by the State with matching Federal funds, and their delivery is now being awaited. Supplies to back up the needs for these hospitals after their first hours of operation would be furnished from the Federal warehouses serving this area.

In the latter part of June, 1953, the position of Chief of Medical Services, Civil Defense, under the Medical State Deputy was assumed by Dr. John M. Welch as successor to General Robert P. Williams (Ret.).

It is proposed that the House of Delegates approve the following recommendation to be sent to the President of each county and city Medical Society of the State:

In order that the physicians of the State may be kept abreast of current medical progress in Civil Defense and brought up to date relative to their expected role in this program, it is recommended that each of the local societies of this Faculty devote, wholly or in part, one of its scheduled meetings during the coming year to the subject of "The Medical Aspects of Civil Defense." (See page 411.)

Respectfully submitted,

ROBERT H. RILEY, M.D., Chairman
J. ALBERT CHATARD, M.D.
ALAN M. CHESNEY, M.D.
C. REID EDWARDS, M.D.
CHARLES W. MAXSON, M.D.
PERRY F. PRATHER, M.D.
WALTER D. WISE, M.D.
GEORGE H. YEAGER, M.D.
MR. GEORGE BUCK
MR. WALTER N. KIRKMAN

NEW BUILDING COMMITTEE

Mr. President and Members of the House of Delegates:

There is no formal report for this Committee. Dr. Goldstein has made a recommendation to the House of Delegates and I

think any future activity for the New Building Committee would depend on the ruling made by the House of Delegates. Respectfully submitted,

C. REID EDWARDS, M.D., *General Chairman*
ALBERT E. GOLDSTEIN, M.D., *Chairman, Finance Committee*
JOHN W. PARSONS, M.D., *Treasurer, Finance Committee*
R. WALTER GRAHAM, JR., M.D., *Chairman, Building Plans*
HARRY C. HULL, M.D.
I. RIDGEWAY TRIMBLE, M.D.

NEW BUILDING COMMITTEE— SUBCOMMITTEE ON FINANCE

Mr. President and Members of the House of Delegates:

The resolution which our Committee is presenting was forwarded to the Component Medical Societies and on instruction from the Council, referred to the Resolutions Committee.

In the beginning of this campaign, which I undertook with my Committee, it was definitely decided that if we did not raise the full amount for the purpose for which it was desired, that all monies would be returned to the respective donors. This would mean that we would have to return about \$80,000.00. To me, this would be a very sad thing to do, particularly when we are so desirous of going through with our remodeling and additions.

I want you to understand that I, as well as my Committee, are willing to continue solicitation of the different members, even though it has been, and will be, a very difficult procedure. It is also questionable in our mind whether we would collect the necessary amount of at least \$300,000.00. My Committee has felt that the only equitable way is to see that each and every member has some particular interest in the project, and that a few should not be compelled to care for the entire problem.

Suggestions from you will be appreciated.

Resolved, that whereas the Medical and Chirurgical Faculty Building of Maryland is in need of remodeling and additional space for meeting rooms and its library, together with the necessity of refurbishing and refurbishing its quarters, and whereas a number of the City and County Members have voluntary pledged sums of money to the extent of approximately \$80,000 and, whereas an additional sum of money amounting to \$220,000 or more is necessary, be it resolved that an amount of money should be contributed in the form of an assessment by each member of the Medical and Chirurgical Faculty.

The assessment should be arranged in the following manner.

1. All members of the City and State Medical Society should be assessed an amount of \$150.
2. All members of the County and State Medical Society should be assessed an amount of \$100.

Members who have already pledged an amount equal to the above as the case may be should be exempt from any assessment excepting in those cases where the amount pledged is not equal to the above mentioned amounts, then assessments should be for only the difference.

Assessments should be made at the rate of \$10 per year until the full amount is paid. Should any member desire to pay

larger amounts in any one year he may have this privilege.
(See page 415.)

Respectfully submitted,
 ALBERT E. GOLDSTEIN, M.D., *Chairman*
 WARDE B. ALLAN, M.D.
 JAMES G. ARNOLD, JR., M.D.
 JOHN A. ASKIN, M.D.
 WALTER A. BAETJER, M.D.
 ALAN BERNSTEIN, M.D.
 C. BERNARD BRACK, M.D.
 LEO BRADY, M.D.
 OTTO C. BRANTIGAN, M.D.
 HENRY BRIELE, M.D.
 WEBSTER H. BROWN, M.D.
 EDWIN N. BROYLES, M.D.
 WILLIAM D. CAMPBELL, M.D.
 FERDINAND E. CHATARD, IV, M.D.
 BEVERLEY C. COMPTON, M.D.
 EDWARD W. DITTO, M.D.
 LOUIS C. DOBIHAL, M.D.
 LOUIS H. DOUGLASS, M.D.
 MONTE EDWARDS, M.D.
 W. R. FERGUSON, M.D.
 WETHERBEE FORT, M.D.
 FRANK J. GERAGHTY, M.D.
 MARK E. GANN, M.D.
 ROBERT W. GARIS, M.D.
 LEWIS P. GUNDY, M.D.
 LOUIS P. HAMBURGER, SR., M.D.
 H. HANFORD HOPKINS, M.D.
 HARRY C. HULL, M.D.
 J. MASON HUNDLEY, JR., M.D.
 PAGE C. JETT, M.D.
 HUGH J. JEWETT, M.D.
 MARIUS P. JOHNSON, M.D.
 JOHN T. KING, M.D.
 E. PAUL KNOTTS, M.D.
 LEON A. KOCHMAN, M.D.
 GEORGE A. KOHLER, M.D.
 AMOS R. KOONTZ, M.D.
 EDWARD F. LEWISON, M.D.
 E. T. LISANSKY, M.D.
 HELEN I. MAGINNIS, M.D.
 W. KENNETH MANSFIELD, M.D.
 ERWIN E. MAYER, M.D.
 KARL F. MECH, M.D.
 VICTOR D. MILLER, M.D.
 WALDO B. MOYERS, M.D.
 W. RAYMOND MCKENZIE, M.D.
 SAMUEL McLANAHAN, M.D.
 EMIL NOVAK, M.D.
 FRANK J. OTENASEK, M.D.
 DANIEL J. PESSAGNO, M.D.
 ESTHER L. RICHARDS, M.D.
 HARRY M. ROBINSON, JR., M.D.
 FRED B. SMITH, M.D.
 HOWARD C. SMITH, M.D.

RICHARD W. TELINDE, M.D.
 EDWARD P. THOMAS, M.D.
 RAYMOND K. THOMPSON, M.D.
 W. HOUSTON TOULSON, M.D.
 I. RIDGEWAY TRIMBLE, M.D.
 HENRY F. ULLRICH, M.D.
 GRANT E. WARD, M.D.
 LAWRENCE R. WHARTON, M.D.
 W. L. WINKENWERDER, M.D.
 WALTER D. WISE, M.D.
 HENRY L. WOLLENWEBER, M.D.
 AUSTIN H. WOOD, M.D.
 JAMES D. WOODRUFF, M.D.
 ALAN C. WOODS, M.D.
 PEREGRINE WROTH, M.D.
 ISRAEL S. ZINBERG, M.D.

New Building Committee Subcommittee on Building Plans

Mr. President and Members of the House of Delegates:

There has been no further activity as far as the Building Plans Committee is concerned. Some money is still being collected by Dr. Goldstein, but we are far from a sum sufficient to take any definite action on a new building at this time.

Respectfully submitted,
 R. WALTER GRAHAM, JR., M.D., *Chairman*

COMMITTEE FOR THE STUDY OF PELVIC CANCER

Mr. President and Members of the House of Delegates:

Fifteen hospitals in Baltimore City are cooperating with the Committee for the Study of Pelvic Cancer in its review of pelvic cancer cases. As of March 1, 1954, the study has included six hundred and two cases which have been treated in these hospitals. The cases have been reviewed and classified according to the delay period between the time of onset of symptoms and the time of correct diagnosis and adequate treatment. We have considered a time lapse of more than one month as delay. The cases have been classified as follows:

Patient Delay.....	269	44.7%
Physician Delay.....	55	9.1%
Physician and Patient Delay.....	30	5.0%
Institutional Delay.....	18	3.0%
Institutional and Patient Delay.....	13	2.2%
Institutional and Physician Delay.....	3	.5%
Institutional, Physician and Patient Delay.....	2	.3%
No Delay.....	192	31.9%
Asymptomatic Detected Cases.....	20	3.3%

The Committee meets on the third Thursday of each month. Selected cases are presented and discussed at these meetings. All doctors concerned in the treatment of a case are invited to attend. We hope that these informal discussions of

the problems met in the diagnosis and treatment of pelvic cancer will be of benefit to all physicians.

Respectfully submitted,

RICHARD W. TELINDE, M.D., *Chairman*
 J. MASON HUNDLEY, JR., M.D., *Vice-Chairman*
 BEVERLEY C. COMPTON, M.D., *Secretary-Treasurer*
 C. BERNARD BRACK, M.D.
 CHARLES N. DAVIDSON, M.D.
 EVERETT S. DIGGS, M.D.
 FREDERICK D. DOVE, M.D.
 HOWARD W. JONES, JR., M.D.
 THEODORE KARDASH, M.D.
 EMIL NOVAK, M.D.
 MARK V. ZIEGLER, M.D.

PHYSIOTHERAPY COMMITTEE

Mr. President and Members of the House of Delegates:

Report on the Physiotherapy Committee is negative.

Respectfully submitted,

W. RICHARD FERGUSON, M.D., *Chairman*
 JOHN J. DOBBIE, M.D.
 MOSES GELLMAN, M.D.
 H. ALVAN JONES, M.D.
 HOWARD F. KINNAMON, M.D.
 C. ARTHUR ROSSBERG, M.D.
 ALLEN F. VOSHELL, M.D.

POSTGRADUATE EDUCATIONAL COMMITTEE

Mr. President and Members of the House of Delegates:

The Postgraduate Educational Committee held no meeting and has no report to submit.

Respectfully submitted,

EDWARD S. STAFFORD, M.D., *Chairman* (1953)

PROFESSIONAL CONDUCT COMMITTEE

Mr. President and Members of the House of Delegates:

This Committee has had no occasion to hold a conference. There have been frequent complaints, mostly concerning professional charges. These were all of minor importance, and your Chairman did not feel justified in calling meetings to discuss these difficulties.

Your Chairman has frequently consulted with members of the Committee and with the Secretary. In all instances the complaints have been adjusted, we hope, satisfactorily to the complainant and the physician.

The only major difficulty was a complaint concerning a request by a complainant for an itemized hospital bill. This was finally obtained and surveyed, with a recommendation that the hospital contact the complainant and adjust the difficulty. This has been done.

I believe that this Committee is worthwhile, and doing the community as well as the profession, a real service.

Respectfully submitted,

CHARLES W. MAXSON, M.D., *Chairman*, 1953

Mr. President and Members of the House of Delegates:

The Professional Conduct Committee has reviewed approximately thirty-five complaints during the past year.

The attention of the membership is called to the fact that the Professional Conduct Committee tries its best to adjust these grievances between the doctor and patient in order to avoid any serious consequences. Since the action of the Professional Conduct Committee is always on file at the Faculty office, it enables the Council to better decide the merits of the cases that come to suit.

Respectfully submitted,

W. HOUSTON TOULSON, M.D., *Past President* (1949),
Chairman, 1954

A. AUSTIN PEARRE, M.D., *Past President* (1950)

WALTER D. WISE, M.D., *Past President* (1951)

ALAN M. CHESNEY, M.D., *Past President* (1952)

MAURICE C. PINCOFFS, M.D., *Past President* (1953)

E. COWLES ANDRUS, M.D., *Chairman of Council*

COMMITTEE ON PUBLIC INSTRUCTION

Mr. President and Members of the House of Delegates:

A review of Maryland's health record for 1953 compared with 1952 indicate a number of outstanding advances in the state's health status. Among these are: A remarkable and significant decline of 35 per cent in the total tuberculosis death rate and a drop of 44 per cent in the Negro tuberculosis death rate. In Baltimore City a calendar year passed without a diphtheria death; there was further progress in the control of syphilis; a virtual eradication of death due to the common communicable diseases; and the reduction of maternal deaths to a position where this record approaches an irreducible low figure. While it is apparent that no one factor can be responsible for these improvements it may be said that much was contingent upon the educational experiences of both physicians and the lay public provided by the Medical and Chirurgical Faculty and associated health agencies.

Particular programs to which the Medical Faculty gave strong support and to which its Committee on Public Instruction devoted its efforts were: The County and City Medical Care Programs; the continuing chronic illness door-to-door study by the National Commission on Chronic Illness; public instruction regarding the use and limitations of gamma globulin in relation to poliomyelitis; the city-wide Diabetes and Tuberculosis Survey in November, 1953 during which more than 6,000 persons were tested; the Exhibition on the History of Medicine in Maryland: 1634-1953 presented at the Maryland Historical Society from November 16th to the end of the year and which dealt with Medical Education and Research, General Practice, Hospitals, Public Health, Nursing, Dentistry and Pharmacy; and the continuing weekly radio and television series.

The regular weekly radio and television series sponsored jointly with the Baltimore City Health Department have proven an important community health education venture. These programs are guided by Faculty members who are frequently called upon to participate in the television series. Reports from radio station WFBR indicate that the "Keeping Well" series in which Dr. Nels A. Nelson, Director of the City Health Department's Bureau of Venereal Diseases portrays a family physician is well attended with a slightly higher rating in 1953 than in 1952. Although actual listening figures are lacking, the program rating compares favorably with top network productions. The weekly radio series has been broadcast continually since 1932 when a five minute health talk series was begun. It has been presented in its present form as a health drama since 1939.

The television series was inaugurated in December, 1948. A total of two hundred and sixty 15 minute programs have been presented through December, 1953. Audience participation in the Baltimore area alone reached as high a number as 100,000 persons. Mr. Robert Keller of the City Health Department's Civil Defense Health Service staff continues to portray the family doctor, Dr. John Worthington. One of the highest tributes to this program was an editorial in a local newspaper which quoted Senator John M. Butler on education by television . . . "Station WMAR-TV has likewise given much time for educational purposes. Many of these highly effective programs have been conducted in collaboration with educational institutions. To my mind, its 'Family Doctor' series, which has been on the air for a long time, is one of the most instructive programs for adult listening carried in Baltimore." An extensive correspondence with other health groups has developed as a result of these programs. A large percentage of letters request further information regarding program production.

The exhibit "Lead Poisoning in Children" prepared in 1952 and designed for the medical profession and health agencies was displayed upon request at the Fifth Annual Meeting of the American Academy of General Practice in St. Louis in March, 1953. Numerous other health exhibits were prepared and set up in clinics and other public places throughout the state.

In conclusion it may be stated that the Committee on Public Instruction continues its activities with the help of the State, County and City Health Departments as a part of their work directly and indirectly with members of the medical profession and the general public. Records of these latter activities may be found in the periodic health department reports, their bulletins, publications and press releases.

Respectfully submitted,

HUNTINGTON WILLIAMS, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
PAGE C. JETT, M.D.
WILLIAM D. NOBLE, M.D.
ROBERT H. RILEY, M.D.
PETER P. RODMAN, M.D.
A. F. WHITSITT, M.D.
FRANK D. WORTHINGTON, M.D.

COMMITTEE TO CONSIDER THE RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT FOR PROFESSIONAL SERVICES

Mr. President and Members of the House of Delegates:

This Committee has had no disputes referred to it by either professional personnel or hospitals during the present year.

While it is true that this has been a very inactive Committee, it does provide the mechanism for handling certain situations which might arise at any time. As far as I know, there are no pending cases.

The Maryland State Radiological Society has appointed a Committee and supplied some funds for an investigation of Radiological equipment in this area under the control of physicians, hospitals, federal agencies, etc. An integral portion of that investigation will be a questionnaire as to working conditions and complaints of Radiologists. It is possible that some inequitable conditions may arise from the investigation and be brought under consideration.

Respectfully submitted,

WEBSTER H. BROWN, M.D., *Chairman*
E. HOLLISTER DAVIS, M.D.
MERRELL L. STOUT, M.D.
HENRY L. WOLLENWEBER, M.D.
MR. GEORGE H. BUCK
MR. PARKER J. McMILLIN
MR. HARVEY H. WEISS

REPORT OF RESOLUTIONS COMMITTEE

See minutes of the House of Delegates, Monday, April 26, 1954, pages 410-413.

ROBERT V. CAMPBELL, M.D., *Chairman*
CHARLES R. AUSTRIAN, M.D.
WHITMER B. FIROR, M.D.
I. RIVERS HANSON, M.D.
M. C. PORTERFIELD, M.D.

COMMITTEE ON RURAL MEDICINE

Mr. President and Members of the House of Delegates:

The Committee on Rural Medicine did not have a formal meeting this year due to the fact that previous attempts at meetings, with a committee of such necessarily scattered membership, have proved discouraging and indicated lack of feasibility. Therefore, the business of the committee has been carried on largely by personal contact with members of the committee and correspondence.

Our first problem was a request to aid in the placement of a physician in Western Maryland. Inquiry into the matter showed that there really was no justification for placing a physician in this location simply because there had been a physician there previously, and the son of the physician, who had died, felt that the community could hardly support a

physician since there were two other physicians within seven miles.

The shortage of physicians in rural areas, however, still represents an unmet need. Though not as acute as it was in the past, nevertheless, there is not a county in Maryland which could not very well support another general practitioner and at least one or two men in specialties.

Mr. Dabney of the Blue Cross has indicated that there will be a policy available for farm people this year. While one out of three of the residents of Maryland have Blue Cross, when one divides that into urban and rural ratio, we find that in the rural area, it was one out of seven. It is hoped that this new policy will obviate the necessity of farm families entering into a group, as experience with the Farm Bureau and other groups has been somewhat unsatisfactory.

The Hill-Burton hospital building program continues satisfactorily.

The Committee must report that the problem of securing interns for rural hospitals over 100 beds received a set-back this year. It was found, first, that the interns complained of the amount of work that they were permitted to do and secondly, that they received little or no instruction.

Your chairman lectured for the students at the University of Maryland on March 10, on the subject of "Starting Out in Practice," which, in reality, was an invitation to locate in a rural area.

Respectfully submitted,

PAGE C. JETT, M.D., *Chairman*
MORRIS FRANKLIN BIRELY, M.D.
ARTHUR TALBOT BRICE, M.D.
THOMAS A. CHRISTENSEN, M.D.
LOUIS H. DOUGLASS, M.D.
JOHN FAWCETT, M.D.
J. STANLEY GRABILL, M.D.
JOHN H. GRIFFIN, M.D.
JAMES W. MEADE, JR., M.D.
HAROLD B. PLUMMER, M.D.
ERNEST S. POOLE, M.D.
PERRY F. PRATHER, M.D.
WALTER H. SHEALY, M.D.
H. J. SLUSHER, M.D.
MILFORD H. SPRECHER, M.D.
HUGH W. WARD, M.D.

SCIENTIFIC SPEAKERS BUREAU

Mr. President and Members of the House of Delegates:

There have been very few requests sent into the Scientific Speakers Bureau during this past year.

Dr. Everett S. Diggs, the newly elected Secretary of the Medical and Chirurgical Faculty reactivated an old custom by having a meeting of the Secretaries of the Component Societies. I would like, at this time, to express my appreciation to Dr. Diggs for having held this meeting prior to Annual Meeting so that there would be no conflict with the scientific sessions. At this meeting, the Secretaries stated that they had found the list of speakers most helpful when arranging their Medical Society Meetings, and requested that a revised list be made available.

It would be appreciated if the delegates would bring to the attention of their Component Medical Societies this request, and submit to me subjects, which they would like to have presented to their local Society. We will then compile a new list of subjects and speakers, and send them to our Component Medical Societies. However, if this work of the Scientific Speakers Bureau is to be of any value to the Component Societies, the only way to show it, is to use the facilities as provided by our Committee.

Respectfully submitted,

BEVERLEY C. COMPTON, M.D., *Chairman*
ALAN M. CHESNEY, M.D.
I. RIDGEWAY TRIMBLE, M.D.
THEODORE E. WOODWARD, M.D.
H. BOYD WYLIE, M.D., *ex officio*

COMMITTEE TO ADVISE THE STATE DEPARTMENT OF HEALTH

Mr. President and Members of the House of Delegates:

Your Committee to Advise the State Department of Health has not held a meeting since its last report since no questions have been submitted by the Department to the Faculty during that period.

Respectfully submitted,

ALAN M. CHESNEY, M.D., *Chairman*
EVERETT S. DIGGS, M.D.
BENDER B. KNEISLEY, M.D.
GEORGE H. YEAGER, M.D.
E. PAUL KNOTT, M.D.
GERALD W. LEVAN, M.D.
ROBERT S. MCCENEY, M.D.
MAURICE C. PINCOFFS, M.D.
CHARLES H. WILLIAMS, M.D.

ADVISORY COMMITTEE TO THE STATE ACCIDENT FUND

Mr. President and Members of the House of Delegates:

The Committee has had but one occasion to be of any help to the Commission during the past year. The newly elected Chairman to the State Accident Fund has requested that this Committee recommend a Medical Advisor to the Accident Fund.

The Committee has met three times, and has made a recommendation that we trust will be satisfactory to the Fund and to the Medical Profession of the State, as a whole.

Respectfully submitted,

CHARLES W. MAXSON, M.D., *Chairman*
AMOS R. KOONTZ, M.D., *Vice-Chairman*
WILLIAM J. COLEMAN, M.D.
GEORGE O. EATON, M.D.
WILLIAM R. GERAGHTY, M.D.
DONALD B. GROVE, M.D.
HOWARD M. KERN, M.D.
JAMES W. NELSON, M.D.
S. JACK SUGAR, M.D.
EDWARD P. THOMAS, M.D.

TUBERCULOSIS COMMITTEE

Mr. President and Members of the House of Delegates:

The Tuberculosis Committee met four times during February-March 1954 to discuss problems associated with care of tuberculosis patients in Maryland.

1. It is recommended that there be equal opportunity for participation by our two medical schools in the total program of the State Tuberculosis Hospitals including medical and surgical aspects.

2. It is recommended that a study be made of possibilities for surgical resident physicians of interested State general hospitals to obtain training in thoracic surgery at Mt. Wilson Hospital, Chest Surgical Center of State Tuberculosis Hospitals.

3. In 1953 this Committee reported 304 persons awaiting hospitalization in mid March. At the same period in 1954 there were about 160 persons on waiting lists. Practically all of these were negroes, mostly from Baltimore City. Opening of units of Mt. Wilson and Baltimore City Hospitals have been helpful. Surgical divisions of these hospitals expect to open soon.

White persons can obtain almost immediate hospitalization at State or Baltimore City Hospitals. Negro hospitalization, at present, is limited to Henryton or Baltimore City Hospitals.

It is recommended that hospital beds in all tuberculosis hospitals of the State be available to patients regardless of color. This will promote rapid abolition of our waiting lists.

4. Cases of "open" tuberculosis who refuse isolation create a serious problem. It is recommended that there be a consideration for legal regulations concerning treatment and hospitalization of cases of tuberculosis who are in a communicable state and considered a "public menace."

5. It is recommended that there be routine chest x-rays of all hospital and institutional admissions. Extension of present case-finding procedures should be encouraged.

6. Attention is called to the fact that private sanitoria handling tuberculosis patients may be handicapped by present application of a "means" test. It is felt that an evaluation is in order with probable elevation of minimum income requirements before patient supplementation is necessary.

7. There have been comments concerning unsatisfactory chest clinic-physician arrangements on follow-up procedures of patients reporting for clinic x-rays.

In Baltimore County, chest clinics send letters of notification including x-ray interpretation to the patients' physician. The physician is asked whether he intends to give complete follow-up care to the patient; have the clinic take complete charge; or have the clinic do a certain part of further examination. If the patient does not designate a physician, he is offered a list of physicians in his locality from which to choose. This system has had favorable comment from physicians, clinics, and patients.

It is recommended that a similar pattern be urged for other component units of the society to include arrangements with clinics of Baltimore City Health Department, Maryland State Health Department, as well as those of the Maryland Tuberculosis Association.

8. It is gratifying to report that tuberculosis mortality

in the State continues to decrease with 436 deaths in 1953 as against 637 in 1952. Provisional U.S. Mortality in 1952 was 16.1 per 100,000 population; that in Maryland in 1953 17.5 per 100,000.

New cases, however, decreased only about 10% during 1953 with 1,748 new cases being reported throughout Maryland (See pages 411-412.)

Respectfully submitted,

LAWRENCE M. SERRA, M.D., *Chairman*

EDMUND G. BEACHAM, M.D.

OTTO C. BRANTIGAN, M.D.

LEON H. HETHERINGTON, M.D.

H. VERNON LANGEUTTIG, M.D.

ISADORE B. LYON, M.D.

JOHN E. MILLER, M.D.

HUGH G. WHITEHEAD, JR., M.D.

SAMUEL WOLMAN, M.D.

COMMITTEE ON VETERANS' MEDICAL CARE

Mr. President and Members of the House of Delegates:

A special regional meeting was called in Washington on Sunday, November 15, 1953, by Dr. Louis M. Orr, Chairman of the National Committee on Medical Care of Veterans of the American Medical Association. Every Component Medical Society was contacted by letter and asked to appoint someone or go themselves to this meeting. The following members from the Medical and Chirurgical Faculty attended: James E. Andrews, Charles County; S. Ralph Andrews, Cecil County; Raymond M. Curtis, Baltimore City; Amos R. Koontz, Baltimore City; Frank E. Mason, Talbot County; Mitchell H. Miller, Baltimore City; Waldo B. Moyers, Prince George's County; Richard C. Norment, III, Harford County; John W. Parsons (AMA delegate), Baltimore City; Robert Pilgram, Frederick County; Theodor Sattelmair, Queen Anne's County; Charles H. Williams, Baltimore County; and Richard Williams, Allegany-Garrett County.

Many facts concerning the Veterans Administration were brought out at this meeting, and I am sure a great deal was accomplished.

Your Committee on Veterans' Medical Care has also written letters to the various Presidents of the Component Medical Societies, requesting that a representative be appointed to serve in conjunction with your State Medical Society Committee on Dissemination of facts concerning the Veterans Administration. So far the following have been appointed by their respective Presidents, and we hope to hear from the others: Thomas E. Wheeler, Baltimore County; Robert Pilgram, Frederick County; Merrill M. Cross, Montgomery County; Waldo B. Moyers, Prince George's County; Theodor Sattelmair, Queen Anne's County; C. G. Rawley, Somerset County; Howard F. Kinnamon, Talbot County; Wilbur R. Ellis, Wicomico County.

We have forwarded the American Medical Association "Information Kits" to these representatives, as well as to the Component Society Presidents who have, up to date, not sent in the names of their local representatives.

Dr. R. Walter Graham gave a stirring talk to the Baltimore

County Medical Society at the Stafford Hotel on March 17, clearly outlining the threat of Socialized Medicine inherent in the expansion of the Veterans Administration.

The American Medical Association proposes that the Veterans Administration treat only service-connected disabilities and non-service connected disabilities due to Tuberculosis and Psychiatric disorders.

There are six categories of non-service connected disabilities that would be eliminated from Veterans Care.

There is considerable disagreement in the State Societies about these categories. Your Committee, except the Chairman, agree with the A.M.A. that they should be eliminated.

Your Chairman feels that after thirty years or more, it would not be well to eliminate these categories, as it creates increasing organized resistance to our proposition.

Your Chairman feels that the real danger of the Veterans Administration expanding, lies in glossing over or eliminating the financial responsibility clause. If this were eliminated, 21 million veterans would be eligible. If this occurred, wives and children would even be included. Collective Medicine would be a fact.

Under the attack of the A.M.A. the Veterans Administration has greatly enlarged the financial responsibility clause, in that misrepresentation of financial facts constitute perjury, and is subject to prosecution.

In the April 10 Journal of the American Medical Association the A.M.A. Committee now advocates no new legislation until the effect of the new Financial Responsibility Clause is observed.

The Tennessee Plan proposes to use Federal Income Tax Returns to determine financial status. Then if the veteran is eligible he is to be treated in a Civilian Hospital at Government expense instead of in a U. S. Hospital. Then further expansion of the Veterans Administration would not be necessary.

Your Committee feels that progress is being made.

Respectfully submitted,

RALPH G. HILLS, M.D., *Chairman*
ERNEST I. CORNBROOKS, JR., M.D.
RAYMOND M. CURTIS, M.D.
R. WALTER GRAHAM, JR., M.D.
HARRY C. HULL, M.D.

ADVISORY COMMITTEE TO WOMAN'S AUXILIARY

Mr. President and Members of the House of Delegates:

During the past year, the Committee has stood by to be of help when requested by the officers of the Woman's Auxiliary. On several occasions matters have arisen upon which advice has been sought and through the chairman advice has been given, either verbally or in writing. No matters affecting major policies as far as the Faculty is concerned have come up.

Respectfully submitted,

SAMUEL McLANAHAN, M.D., *Chairman*
WILLIAM K. DIEHL, M.D.
WILLIAM D. NOBLE, M.D.

COMMITTEE FOR BETTER DISTRIBUTION OF DOCTORS THROUGHOUT THE STATE

Mr. President and Members of the House of Delegates:

Although the above Committee has made no active steps in regard to the implications of its name, the Chairman has conferred with the American Medical Association and has obtained available data from its Bureau of Medical Economic Research, with Dr. H. B. Mulholland, originator of the program in Virginia, and with the Dean of the University of Maryland Medical School. The Chairman has also obtained literature from the American Medical Association and a number of States which have services for better distribution of doctors.

A definition of a good physician placement service is given by the director of the Virginia Council on Health and Medical Care:—

"By a good service, I mean one where requests from communities are carefully investigated to establish the need for a doctor; where there is a personnel available to meet with community groups to give them the ABC's of getting doctors; where up-to-date information is sent monthly or at least quarterly to communities on available doctors and detailed information to doctors on communities; where periodic follow-up visits are made to communities to encourage them and answer questions, and where contact is kept with the community and the local doctor to make certain that the new relationship is not spoiled by misunderstandings, and that the doctor, once located, stays."

It is noted that in every state studied, there is an individual assigned to carry out the investigations and responsibilities incident to the necessary activities as much office and field work is essential to the duties of a Committee for Better Distribution of Doctors. Much data must be assembled and analyzed including the files from the Medical Advisory Committee to Selective Service under Dr. Walter Graham.

As it has become increasingly evident that no practising physician can possibly give the time and energy necessary to develop the facts vital to this Committee, nor can one such carry on the activities incident to the certain outgrowth of same, the Chairman of your Committee suggests the following three recommendations:—

- 1) *That some person in the executive or administrative branch of the Faculty be assigned (or employed) to act as Director of the services incident to the Committee.*
- 2) *That the Committee for the Better Distribution of Doctors in the State of Maryland be assigned to an Advisory status for the Director.*
- 3) *That sufficient funds be budgeted to carry out the proper and necessary functions of the above services.*

Respectfully submitted,

ALLEN F. VOSHELL, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
A. M. FRANCE, M.D.
I. RIVERS HANSON, M.D.
RICHARD T. SHACKELFORD, M.D.

SPECIAL COMMITTEE IN REGARD TO DUES OF ACADEMIC PHYSICIANS

Mr. President and Members of the House of Delegates:

As a result of the action of this body at its October, 1953, meeting, Dr. Maurice C. Pincoffs, the President, appointed our Committee on November 3, 1953, to make a study and recommendations regarding Chapter II, Section 1-(d) of the By-Laws of the Medical and Chirurgical Faculty.

The By-Law reads at present:

The dues of a licensed physician in Maryland who holds an academic position on a full time salary basis, other than as a fellow or a house officer, shall be \$15.00 per annum during the first five years of his academic position.

It is proposed that this section be amended to read as follows:

The dues of a licensed physician in Maryland who holds an academic position on a strict full time salary basis, other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an Associate Professor. (See page 414.)

Justifications: With rare exceptions, the maximum professional income of a full time teacher referred to in this section, as amended is \$8,500; the salaries of many are considerably less than this figure. These men graduated from medical school five years or more ago. Some of these young men remain in full time academic positions for the full course of their professional careers; hence, the maximum income to which they can look forward is not as high as that of many men engaged predominantly in private practice.

Our suggested specification of the specific rank below "Associate Professor" clears up former ambiguity implicit in "during the first five years of his academic position."

Twenty members of the clinical faculty at Hopkins and nine at Maryland fall into the category covered by the amendment. Twenty-two of the twenty-nine now hold some form of membership in the State Society.

Thus the group involved is small, relative to the total membership of 2600 in the State Society. It is important that the Faculty assure participation by these men in the activities of their Medical Society. This group contributes to the state and local societies by participation in their meetings, where they present data on recent advances in scientific medicine. Further, since these men are active teachers, it is important that their liaison with the problems of a wide group of practitioners be close. Encouragement of membership in the societies and participation in their various activities will promote this liaison.

The proposed dues are nominal, being \$10.00 for the men in this category. The balance between this amount and the full dues will actually be contributed by the much larger group of members of the State Society, who pay full dues. It is contemplated that the members of the Society will appreciate that, in offering this group of teachers full membership for \$10.00, they are in fact, making a contribution to the State's two medical schools. For, by maintaining the dues at a nominal level, they will contribute to maintaining the personal

professional expenses of this group of young men at a low level, thereby rendering more attractive to young men these important teaching positions in the schools and assisting the recruitment of men for these positions.

Respectfully submitted,

PALMER H. FUTCHER, M.D., *Chairman*
GORDON E. GIBBS, M.D.
ROBERT T. PARKER, M.D.
EDWARD S. STAFFORD, M.D.

COMMITTEE FOR THE STUDY OF CERTAIN PHASES OF MEDICAL ECONOMICS

Mr. President and Members of the House of Delegates:

No report. (See pages 412-413.)

Respectfully submitted,

WALDO B. MOYERS, M.D., *Chairman*
WOLCOTT L. ETIENNE, M.D.
HOUSTON S. EVERETT, M.D.
THOMAS K. GALVIN, M.D.
FRANK J. OTENASEK, M.D.

COMMITTEE TO STUDY AVAILABILITY OF PREPAYMENT INSURANCE IN RURAL AREAS

Mr. President and Members of the House of Delegates:

The information which is desired involves a complete survey and study of prepayment insurance coverage of Hospital, Accident and Health Insurance, so it has been impossible to obtain this information in time for presentation at the Spring Meeting of the Faculty.

I might say that I recently attended a meeting in New York and listened to a Symposium on this subject, sponsored by the Association of Life Insurance Medical Directors of America.

At this meeting many of the topics mentioned in your letter were discussed, such as coverage of individuals not eligible for Blue Cross and Blue Shield and other forms of group insurance.

It was also emphasized at this meeting that many of the contracts offered by some of the Health, Accident and Casualty Companies containing exclusion clauses, riders and restrictions have confused the public and that the many lengthy miscellaneous forms, which have to be completed by doctors, have become quite annoying to the profession.

The life insurance companies are now taking a very active part in trying to correct these irregularities and thereby bring about better public and professional relationships.

At the present time, there are fifty large insurance companies now underwriting health insurance with premiums amounting to three billion dollars annually. This is an increase of 24% over the past year.

There are also more than 800 different companies, not including the life companies, writing some form of health insurance. Naturally, with so many companies involved,

writing all types of coverage, you can readily understand the reason for such confusion.

It is, therefore, quite obvious to the medical directors of life insurance companies that not only the public has been taken advantage of, but also the medical profession; hence, the numerous "squawks" from both sources, and their desire to correct it.

It is estimated that 60 out of every 100 workers carry some form of health insurance and that 38 million have loss of earning policies, of which 75% of this group was written by life insurance companies.

In order to show how rapidly this form of insurance is pyramiding, by the end of September, 1952, which is the latest report I have, there were 91,667,000 who had some form of health policies.

Some companies, who are trying to simplify the subject, are now writing a combined package policy on a one premium basis.

1. Life and Retirement Insurance
2. Temporary Disability Coverage
3. Hospital, Medical and Surgical Care
4. Catastrophic Insurance

It may also be worth mentioning that some companies are now considering substandard health insurance for those impaired individuals not eligible for standard insurance.

From these few remarks you can readily see how greatly involved we all are in trying to get an adequate solution to voluntary health insurance.

The life insurance companies realize their responsibility in this field and fully recognize the many problems that now exist and need correction.

I think you may all agree that the future of insurance medicine depends upon the cooperation of the medical profession which must eventually be geared to voluntary life, hospital, health and accident insurance plans.

Life insurance companies have now taken a very definite step in this direction having created a Life Insurance Medical Research Fund amounting to five and a half million dollars for two hundred research programs in our medical schools for the study of cardio-vascular diseases.

Just recently the Life Insurance Association of America and the American Life Convention appropriated \$200,000.00 with full time director, Mr. James Andrews, and a staff to set up an organization consisting of the following groups:

1. Survey Committee
2. Doctors Committee
3. Medical Liaison Committee
4. Educational Committee

5. Life and Casualty Insurance Committee
6. Claims Committee
7. Hospital Committee
8. Industrial Committee
9. Top Business Management Committee

The purpose of this group is to study the various phases of prepaid insurance at the Federal, State and City levels.

These groups are also to consider all proposed legislation introduced in Congress on the various bills aimed to provide government sponsored insurance and subsidies for accident, health and hospitalization.

The Administration sponsored bills as a part of the National Health Program are appropriately directed toward encouraging the stimulating insurance companies and other non-government organizations to provide better and cheaper health insurance services and wider coverage for the American public.

This objective is fully in keeping with the desires of the companies as well as the medical profession. However, we all must be aware of the fact that many of the advocates of the Murray Wagner Dingle boys are still with us.

The life insurance organizations plan to be ready to submit their views and suggestions to Congress during the coming committee hearings which are to be held on this subject.

Inasmuch as the life insurance companies, with all their financial resources and facilities, are now undertaking a complete study of this subject, I would advise you to await the outcome of this study.

As I am a member of this committee and expect to attend a meeting of this group in June, may I recommend for your consideration that the Faculty Committee be continued so that a more intelligent report could be submitted at the next meeting.

Maryland Hospital Service (Blue Cross) and Maryland Medical Service (Blue Shield) propose to offer shortly an enrollment program on a non-group basis. This matter has been approved by the Boards of both Organizations, and is now before the State Insurance Department. Public announcement will be made following their approval.

It is planned to offer this type of enrollment to persons in good health who are self-employed, not employed, or employed where there are less than five employees, and under 65 years of age. The contracts will be somewhat more limited as compared with the standard group contract.

Respectfully submitted,
GEORGE MCLEAN, M.D., Chairman
HENRY BRIELE, M.D.
ROBERT P. CONRAD, M.D.

STATE OF MARYLAND DEPARTMENT OF HEALTH
MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, July 2-29, 1954

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT.	MEASLES	MEASLES, MENINGOCOCUS	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS, NON-PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	UNDULANT FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS	
Total, 4 weeks																				
Local areas																				
Baltimore County	3	—	3	—	28	—	23	1	1	—	4	1	—	4	17	1	6	—	2	
Anne Arundel	—	—	—	1	17	—	3	1	1	—	—	—	—	4	8	—	1	—	1	
Howard	—	—	—	—	1	—	—	—	—	—	—	—	—	3	2	—	2	—	1	
Harford	2	—	—	6	19	—	—	—	—	—	1	—	—	—	1	—	—	—	—	
Carroll	1	—	—	1	7	—	—	1	—	—	9	—	—	3	—	—	1	—	1	
Frederick	6	—	—	17	19	—	2	1	—	2	2	1	—	1	1	—	9	—	—	
Washington	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	
Allegany	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Garrett	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	t-1	—	—	
Montgomery	5	—	2	—	43	1	9	—	2	1	3	—	1	4	11	—	3	—	3	
Prince George's	2	—	2	1	19	—	9	1	—	—	—	—	—	2	4	—	2	—	1	
Calvert	—	—	—	1	2	—	—	1	1	—	—	—	—	—	—	—	—	—	—	
Charles	—	—	—	—	—	—	1	1	—	—	—	—	—	2	—	1	—	—	—	
Saint Mary's	—	—	—	1	9	—	2	—	—	—	—	—	—	9	1	—	—	—	1	
Cecil	1	—	—	3	6	—	1	—	—	—	—	—	—	1	—	—	—	—	—	
Kent	—	—	—	3	16	—	3	—	—	1	—	—	—	1	—	—	—	—	—	
Queen Anne's	—	—	—	4	—	—	1	—	—	—	—	—	—	1	2	—	1	—	—	
Caroline	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	
Talbot	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	3	—	—	
Dorchester	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	
Wicomico	—	—	1	—	2	—	6	1	—	—	2	—	—	3	1	23	—	—	—	
Worcester	—	—	—	—	4	—	1	—	—	—	—	—	—	3	—	—	—	—	1	
Somerset	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	8	—	—	—	
Total Counties	20	0	8	39	193	1	61	7	5	4	21	2	1	39	57	4	63	—	15	
Baltimore City	45	1	9	1	48	1	62	2	0	0	9	2	0	56	109	13	626	—	11	
State																				
July 2-29, 1954	65	1	17	40	241	2	123	9	5	4	30	4	1	95	166	17	689	—	26	
Same period 1953	25	0	15	33	89	3	232	37	44	8	25	3	2	52	184	11	628	—	41	
5-year median	75	1	25	—	105	2	118	19	14	22	3	3	63	223	26	668	—	24		
Cumulative totals																				
State																				
Year 1954 to date	2950	10	271	641	11295	26	2626	15	6	16	1252	11	4	521	1296	102	4245	—	344	
Same period 1953	2685	8	1402	300	1422	58	2047	49	46	11	2157	13	8	175	1431	91	4584	—	501	
5-year median	2998	20	923	—	4125	39	1419	31	—	29	844	16	23	306	1657	269	4094	—	387	

t = tetanus.

COMING MEETINGS

THE COMMITTEE FOR THE STUDY OF PELVIC CANCER

Sponsored by the Maryland Division of the American Cancer Society and the Medical and Chirurgical Faculty.

RICHARD W. TELINDE, M.D., *Chairman* BEVERLEY C. COMPTON, M.D., *Secretary*

1211 Cathedral Street, Baltimore

Thursday, September 16, 1954, 5:00 to 6:00 p.m.

SECTION ON INTERNAL MEDICINE

FRANCIS W. GLUCK, M.D., *Chairman*

Tuesday, September 21, 1954, 8 p.m.

Faculty Building, 1211 Cathedral Street

Quarterly meeting.

MATERNAL MORTALITY COMMITTEE

1211 Cathedral Street, Baltimore

Thursday, September 23, 1954, 4:00 to 5:00 p.m.

Joint Committee on Maternal Mortality of the Baltimore City Medical Society and the Baltimore City Health Department.

CIVIL DEFENSE STOCKPILING 200-BED PORTABLE HOSPITAL UNITS

The AMA Washington Letter, No. 72

As part of its emergency medical supply stockpiling program, Federal Civil Defense Administration has ordered 200 portable hospital units of 200-bed capacity, and another 90 are on order for states and cities under the matching program (the state pays half, the federal government the other half). Each unit costs \$26,435.47. The first prototype has been on display in Washington for inspection of the public and government officials.

Patterned after the successful mobile Army surgical hospital unit which operated near the front lines in Korea, the FCDA hospital is designed to provide early hospitalization of seriously sick and injured as close as possible to a stricken area.

A complete hospital may be transported in a single van, weighs about 13.5 tons and consists of 450 separate packages and crates. Thirty trained and semi-trained auxiliaries can set it up in four hours. FCDA estimates the hospital would require a team of 10 physicians, 20 nurses, 125 trained auxiliaries such as nurses aides and 75 untrained personnel. Equipment includes five folding operating tables, portable x-ray unit and 200 folding canvas cots.